Annual Report
2012-2013

To the Minister of Health

Prairie North
Health Region

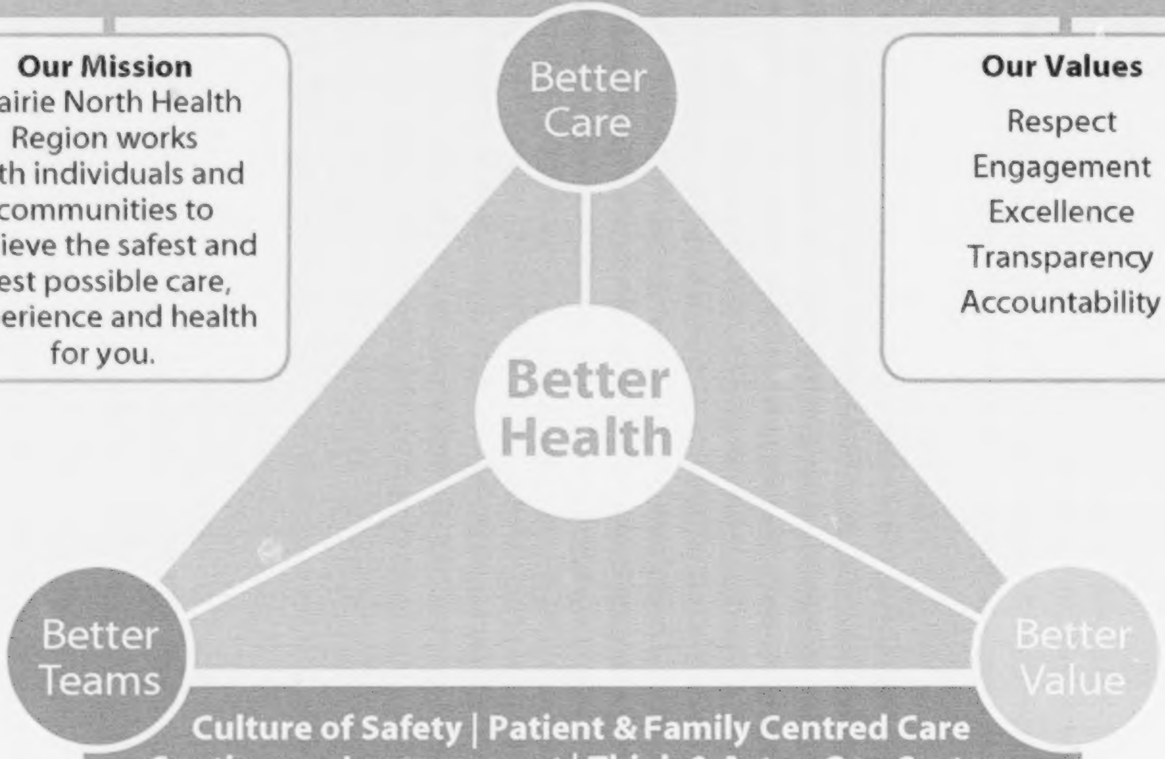
Healthy People. Healthy Communities.

VISION

Healthy People. Healthy Communities.

Our Mission
Prairie North Health Region works with individuals and communities to achieve the safest and best possible care, experience and health for you.

Our Values
Respect
Engagement
Excellence
Transparency
Accountability



Culture of Safety | Patient & Family Centred Care
Continuous Improvement | Think & Act as One System
Focus & Finish

Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Teams

Build safe, supportive and quality workplaces that support patient and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

Better Value

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment, and information infrastructure.

Prairie North Health Region

Putting Patients First
Transforming Health Care through Lean

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This Annual Report is also available in electronic format from the Prairie North Health Region website at:

www.pnrha.ca

Print copies of the PNRHA Annual Report are available at Prairie North Regional Health Authority's Corporate Office in North Battleford:

1092 – 107 Street
North Battleford, SK S9A 1Z1

or by calling (306) 446-6606

Letter of Transmittal

Prairie North
Health Region

To: The Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan:

Prairie North Regional Health Authority is pleased to provide you and the residents of the health region with our 2012-13 Annual Report, as required under *The Regional Health Services Act*, section 55.

This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2013.

We welcome this opportunity to report to you and to the public, assessing our overall performance in administering public funds entrusted to us, and in providing patient-focused, safe, quality, effective, and efficient health care.

Respectfully submitted,

B. O'Grady

Bonnie O'Grady
Chairperson
Prairie North Regional Health Authority

Introduction

This Annual Report presents the activities and results of Prairie North Regional Health Authority (PNRHA) for the fiscal year ending March 31, 2013.

The Report reviews and assesses the progress PNRHA has made over the past year toward achieving our Vision of ***"Healthy People. Healthy Communities."*** in the context of our Mission to ***"work with individuals and communities to achieve the safest and best possible care, experience and health"*** for our patients, residents and clients.

We are pleased to present results on the publicly committed strategies, targets, actions, and performance measures set out in the Region's 2012-13 Strategic (Hoshin Kanri) Plan, in the Regional Health Authority's (RHA's) 2012-13 Accountability Document with the Ministry of Health, and in line with the provincial Strategic Direction for the health system, as outlined in the Ministry's Five-year and 2012-13 Strategic Priorities for the Healthcare System.

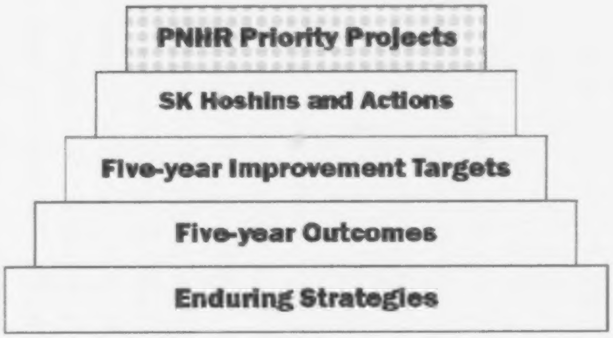
PNRHA's Annual Report also references key challenges we have faced and identifies lessons learned as we move forward with determination and commitment for the benefit of the residents of the Region.

Prairie North Regional Health Authority is responsible for the preparation of this report and affirms that the data and interpretation contained herein is accurate and reliable.

The information pertaining to each Hoshin (Breakthrough Initiative), its targets, actions, and measures is obtained through PNRHA's team leader for each of the Hoshins. Progress on each Hoshin is monitored and reported regularly to the Region's Senior Leadership Team members. The organization's measurement results are obtained through the RHA's Quality and Safety portfolio, regional and provincial programs and systems, and the Ministry of Health. The data reflects consistency of measurement and alignment with provincial reports.

Once compiled into the Annual Report, each Hoshin Team Lead reviews his or her section for accuracy, recommending changes as necessary. Revisions are incorporated before the document is approved by the Senior Leadership Team and submitted to the Board for review, input, and approval.

Alignment with Strategic Direction



Prairie North Regional Health Authority is directly accountable to the Minister of Health. The RHA functions fully in alignment with the Ministry's Five-year and 2012-13 Strategic Priorities for the Healthcare System.

Beginning with the 2012-13 fiscal year, the Ministry adopted **a new strategic planning approach** known as **Hoshin Kanri**.

This new approach is being used throughout Saskatchewan's healthcare system – in the Ministry of Health, all health regions, and other health organizations including the Saskatchewan Cancer Agency (SCC), Saskatchewan Health Quality Council (HQC), and 3sHealth.

Hoshin Kanri aims to involve staff from all levels of participating organizations in identifying the vital few priorities for the system, using current data as a guide for decision-making. The intent is to focus on and finish the work in these key areas and then move on to the next set of priorities in future years. This sequencing allows for breakthrough achievement over a short time, rather than slow and inconsistent improvement over a long time.

The provincial outcomes identified in the Ministry of Health's annual plan are organized by four enduring strategies:

Better Health Better Care
Better Teams Better Value.

These strategies focus the health system on achieving the best possible health outcomes for communities and the best possible care for patients, while maintaining a financially sustainable system and ensuring the professionals working in that system have the tools they need to do their best work.

The five-year outcomes and improvement targets outlined in the plan have been agreed to by all health system leaders in Saskatchewan. These outcomes and targets inform the provincial hoshins – breakthrough initiatives or areas where we'll see significant improvement within one year – and other key activities.

Prairie North has also identified regional priority projects that support provincial hoshins and other focused areas of need.

This approach allows resources and efforts across the provincial healthcare system to be aligned and maximized, while still providing flexibility for local health regions to meet the needs of their population and the organizations themselves.

Prairie North Health Region – Hoshin Kanri Plan 2012-2013

Planning Pillar	Provincial 5-year Outcomes	Provincial Hoshins - 2012-13	Prairie North Hoshins - 2012-13
Better Health	50% improvement in the number of people who say "I can see my primary health-care team on my day of choice" by 2017.	Strengthening primary health care	• Improving Access to PHC Core Teams Across PNHR • Supporting Positive Health outcomes in Aboriginal Peoples
Better Care Better Value Better Teams	Increase physician engagement 'score' by 50% by 2017. The employee engagement provincial average score exceeds 80% by 2017.	Deploying a continuous improvement system	• Continuous Quality Improvement (CQI) • SHNB Redesign • Front Line Management • Physician Engagement • Employee Engagement
Better Care	By March 31, 2014, all patients have the option to receive necessary surgery within three months. By 2017, zero surgical infections from clean surgeries	Improving surgical access and transforming the surgical experience	• Sooner, Safer, Smarter Surgical Care
Better Teams Better Care	By 2017, zero workplace injuries. By 2017, no adverse events related to medication errors.	Enhancing our safety culture with a focus on staff and patient safety	• Job Safety Analysis (JSA) • Medication Reconciliation/ Management
Better Value	By 2017, the health care budget increase is less than the increase to provincial revenue growth.	Implementing Shared Services	• Shared Services

Better Health
Improve population health through health promotion, protection and disease prevention, and collaborate with communities and different government organizations to close the health disparity gap.

Better Care
In partnership with patients and families, improve the individual's experience, achieve timely access, and continuously improve healthcare safety.

Better Value
Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment, and information infrastructure.

Better Teams
Build safe, supportive, and quality workplaces that support patient and family-centered care and collaborative practices, and develop a highly skilled, professional, and diverse workforce that has a sufficient number and mix of service providers.

Overview

Prairie North Regional Health Authority is responsible for planning, organizing and delivering health services within its geographic area of northwest central Saskatchewan, consistent with the province's strategic direction and available resources.

PNRHA is also responsible for promoting and encouraging health and wellness, assessing the health needs of its residents, and monitoring and reporting on its progress in providing services that meet residents' health needs.

The RHA delivers a broad range of health services to its 78,072 Saskatchewan residents (*Saskatchewan Health Covered Population 2012)*, plus over 18,000 residents *(Statistics Canada, 2011 Census of Population)* of the Alberta side of Lloydminster, additional residents from surrounding Alberta communities and areas, and an untold transient population working in and around Lloydminster.

Our team of 3,315 health care professionals in over 2,461.6 full-time equivalent (FTE) positions, plus 121 general practice and specialist physicians who live and work in the Region, works with individuals and communities to achieve the safest and best possible care, care experience and health for our patients.

Through PNRHA's network of ambulance services, hospitals, diagnostics, general and specialty medical services, health centres, primary health care sites, rehabilitation services, chronic disease management, home care, long-term care, public health services, mental health and addictions services, and many others, individuals have access to a comprehensive array of preventative, promotional, assessment, emergency, treatment, rehabilitative, supportive, and palliative patient care services that span a lifetime.

PNRHA also works through environmental health and infection prevention and control to safeguard the health of our citizens and communities.

Supporting all of these patient care services, programs, and facilities is the Region's corps of food and nutrition, housekeeping, maintenance, and materials management services.

PNRHA's administrative programs including finance, human resources, labour relations, information technology, communications, and continuous safety and quality improvement provide the leadership, oversight, and management of our direct care and support services.

Patient Services

In the past year in Prairie North:

- **10,594 patients** were admitted to hospital
- **1,730 babies** were delivered
- **6,134 surgeries** were performed, including **1,246 cataract surgeries**
- **3,467 endoscopic cases** were performed
- **94,111 people** received care in our Emergency departments
- **28,590 people** received care in our health centres and ambulatory care clinics
- **48,712 general radiography exams** were taken
- **2,844 mammography exams** were done
- **10,352 ultrasound exams** were performed
- **8,446 CT exams** were conducted
- **51,543 hours of care** were provided to patients by Home Care nurses
- **57,871 hours of homemaking services** were provided to Home Care patients
- **30,094 Meals on Wheels** were delivered
- PNHR's **616 Long-Term** and **Short-Term Care Beds** were full at a **98.8% occupancy rate**
- **10,530 ambulance calls** were handled
- **Over 1.18 million kilometres** were travelled by our ambulances
- **869 clients** were seen through Telehealth
- **92,301 patients** received therapy visits
- **6,532 children** were seen in child health clinics
- **8,142 immunizations** were given to children in schools
- **395 people** participated in Parent Mentoring groups
- **713 individuals** were admitted to inpatient mental health facilities for care
- **9,316 individuals** received outpatient mental health care
- **5,884 client contacts** were made to addictions services
- **949 public health inspections** were conducted along with **4,011 public health consultations**

Key PNRHA Service Sites

Prairie North delivers its services in 33 Region-operated or supported facilities and service sites, as well as through contracted/private service sites and programs, in community locations, and in client homes. *(See Appendix D, page 85)*

Key Partnerships

PNRHA's primary partnership is with the Saskatchewan Ministry of Health.

The Regional Health Authority also partners with 10 Health Care Organizations (HCOs) for the delivery of:

- Additional Emergency Medical Services:
  - Lloydminster Emergency Care Services
  - Marshall's Ambulance Care Ltd., St. Walburg
  - WPD Ambulance Care Ltd., North Battleford

- Addictions Services:
  - Walter A. "Slim" Thorpe Recovery Centre Inc., Lloydminster

- Mental Health Services:
  - Libbie Young Centre Inc., Lloydminster
  - Canadian Mental Health Association, Battlefords Branch
  - Edwards Society Inc., North Battleford
  - Portage Vocational Society Inc., North Battleford

- Continuing/Supportive Care Services:
  - Societe Joseph Breton Inc., North Battleford (Villa Pascal Long-Term Care home – PNRHA's only Affiliate organization)
  - Points West Living Lloydminster Inc. (Assisted Living).

A number of other key agencies, organizations, programs and services are also significant partners in PNRHA's delivery of services to help meet patient, resident, and client needs:

- 3sHealth (Health Shared Services Saskatchewan), formerly the Saskatchewan Association of Health Organizations (SAHO)
- North Sask Laundry & Support Services, Prince Albert
- First Nations communities and organizations
- Battlefords Family Health Centre
- KidsFirst
- Municipal Health Holdings - Maidstone
- North Saskatchewan River Municipal Health Holdings
- Educational divisions and institutions
- Ministries of Justice, Social Services, and Central Services
- Seven local health care Foundations and Trust Funds
- Fifteen health care Auxiliaries
- Community organizations and committees

Prairie North maintains a relationship with Alberta Health Services (AHS) which provides funding support to PNRHA for provision of health services to Alberta residents of Lloydminster and area. Under the *Lloydminster Charter* and legislative agreement, PNRHA is responsible for delivery of most health services to the City of Lloydminster.

A Unique Health Region

Prairie North Regional Health Authority is unique among Saskatchewan health regions as it is the only RHA delivering health services in two separate provinces, in Canada's only border city - Lloydminster.

PNRHA is the only Saskatchewan health region that has direct responsibility for Alberta residents. This presents many special considerations and challenges in the management and provision of health services to people living under differing provincial jurisdictions in the same community.

Prairie North is also the only health region in Saskatchewan with two Regional hospitals (Battlefords Union and Lloydminster).

Prairie North Health Region is the location of Saskatchewan's only provincial psychiatric rehabilitation hospital (Saskatchewan Hospital, North Battleford) which itself is home to the province's Forensic Services program.

Governance

Prairie North Regional Health Authority is the governing body of Prairie North Health Region. The Board consists of a maximum of 12 members.

Board members are appointed by the Minister of Health through Order-in-Council. They are accountable to the Minister who also appoints the Board Chairperson and Vice-Chairperson.

The current 10-member PNRHA Board was appointed on May 22, 2012 for a three-year term.

Back Row, from left::
Anil Sharma, Trevor Reid, Wayne Hoffman, Glenn Wouters, Ben Christensen
Front Row, from left:
Gillian Churn, Helene Lundquist, Bonnie O'Grady, David Fan, CEO, Jane Pike, Leanne Sauer

Prairie North Regional Health Authority

Board Members

(as of March 31, 2013)

Bonnie O'Grady, Maidstone - Chairperson

Leanne Sauer, Lloydminster - Vice-Chairperson

Ben Christensen, North Battleford

Gillian Churn, Maidstone

Wayne Hoffman, North Battleford

Helene Lundquist, Lloydminster

Jane Pike, Meadow Lake

Trevor Reid, Meadow Lake

Anil Sharma, Lloydminster, AB

Glenn Wouters, Meota

On behalf of residents of Prairie North, as well as health care providers in the Region, PNRHA extends appreciation to former Board members Richard Fiddler of Waterhen Lake, Terry Lamon of Meadow Lake, Donald Speer of North Battleford, and Colleen Young of Lloydminster whose terms expired with appointment of the new members.

The roles and responsibilities of RHA Boards are defined in *The Regional Health Services Act*, which created Saskatchewan's health authorities in 2002. These roles and responsibilities are noted on page 4 of this report.

Prairie North Regional Health Authority functions primarily as a single entity, as a full Board. A Finance Committee assists the Board in fulfilling its financial responsibilities.

PNRHA Board members also serve as representatives on a number of committees and organizations throughout the Region. Board members report to their colleagues at regular monthly Board meetings regarding their participation in and activities of the committees.

Community Advisory Networks

Prairie North Regional Health Authority has an important, active group of local committees, called Community Advisory Networks (CANs) or Community Health Advisory Networks (CHANs) that facilitate and support consultation with and input from local communities.

The CANs/CHANs advise the Authority on broad issues related to the health of the community, and assist the Authority to understand the needs and priorities of communities and their residents.

PNRHA's network of community advisory groups includes those formally established by the RHA:

- Meadow Lake and Area Community Health Advisory Network
- Lakeland Regional Community Health Advisory Network
- Lloydminster & District Health Advisory Committee;

and those established by communities:

- Paradise Hill Health Advisory Committee
- St. Walburg Health Advisory Committee
- Pine Island (Lodge) Board
- Cut Knife Health Advisory Committee.

Organizational Changes and Restructuring

Prairie North Regional Health Authority revised its organizational structure over the past year to align with the provincial health system's foundational enduring strategies of Better Health, Better Care, Better Teams, and Better Value (the 4 Betters).

The realignment also coordinated with the retirement of three of Prairie North's senior leaders: Vice-President (VP) of Finance and Information Technologies (IT) Jerry Keller, VP of Integrated Health Services Barb Jiricka, and VP of Primary Health Services Glennys Uzelman.

Responsibility for Finance/IT was consolidated with Development and Operations to become the Finance and Operations portfolio (Better Value).

The Corporate Services portfolio has become People, Strategy and Performance. Together with Co-Senior Medical Officers' responsibility for physician leadership, development, planning and recruitment, the two portfolios support Better Teams.

Vikki Smart joined Prairie North in January as the new Vice-President of Primary Health Services (Better Health). She came to PNRHA from the Saskatoon Health Region.

Gloria King joined Prairie North RHA in January as Vice-President of Integrated Health Services (Better Care), coming from the former Burntwood Regional Health Authority in Manitoba.

Prairie North Health Region extends a very warm welcome to Vikki and Gloria as they join the Region's Senior Leadership Team, accepting the opportunities and challenges of our vibrant, progressive organization.

Prairie North also extends appreciation to Jerry Keller, Barb Jiricka, and Glennys Uzelman for their many years of exceptional and dedicated service and leadership to the health region and the Saskatchewan health system. Best wishes on your retirements!

Further changes also support organizational realignment with the '4 Betters', shifting reporting relationships for the Quality and Safety department and the Communications department to the People, Strategy and Performance portfolio.

The Senior Liaison Officer position created the previous year to focus on matters pertaining to health services for Lloydminster has become Prairie North's Organizational Development Coordinator position, reporting directly to the CEO. The position retains strong liaison with Alberta Health Services and the community of Lloydminster regarding matters relating to health services for the Border City.

Progress in 2012-13

With the introduction of Hoshin Kanri in 2012-13, strategic planning took on a very different look in Prairie North, particularly in how priority projects were implemented and tracked throughout the year. Overall, Prairie North Regional Health Authority leaders learned a few key lessons:

- One of the greatest successes this year was the improved and sustained communication between departments and teams throughout our organization, thanks to the Hoshin Kanri structure and required reporting. Clear expectations, as set out in the A3 planning process, also improved communication.

Common challenges were identified through the year, as well:

- While Prairie North, and the health system in general, collects a lot of information and data, the information and data are not easily accessible when needed for decision-making.
- Learning to focus and finish key priority projects is an ongoing process that requires commitment from all levels of the organization.
- The priority projects Prairie North set out to accomplish in 2012-13 were generally too large in scope.

Better Health

System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome to improve by 50% by 2017 the number of people surveyed who say "I can see my primary healthcare team on my day of choice."

System Five-year Improvement Target:

By 2015, all Saskatchewan residents, who choose to be, are connected to a primary healthcare team that includes or is linked to a family physician.

System Hoshin
Strengthen Patient-Centred Primary Health Care by Improving Connectivity, Access and Chronic Disease Management

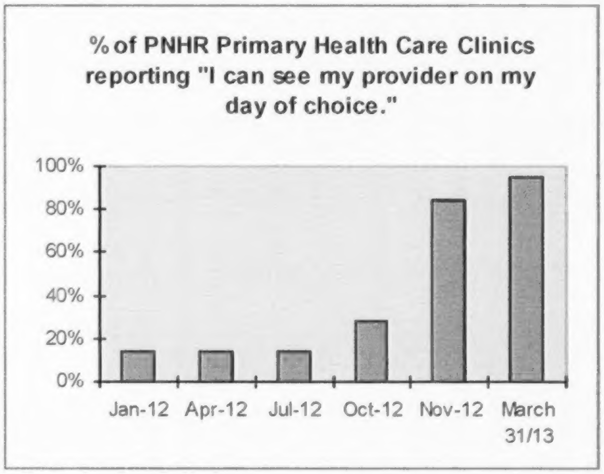
PNHR Hoshin/Project:
Improving Access to Primary Health Care Core Teams across Prairie North Health Region.

Problem Statement *Where we were as of April 1, 2012*	**Target Statement** *Where we wanted to be by March 31, 2013*
Inadequate access to primary health care in PNHR was resulting in serious deficiencies throughout the system: • Inappropriate use of emergency departments in Battlefords Union, Lloydminster, and Meadow Lake Hospitals • Increased rates of hospitalization • Poor management of chronic conditions • Public perception that PHC does not work • Poor understanding of PHC team roles • Stressed staff members	• 100% of primary health care clinics using Med Access will be reporting Clinical Practice Redesign™ (CPR™) data to PNHR and actively engaging in access improvement strategies, including specific targets. • PNHR will have an established compensation and accountability model as the foundation of the primary health care physician contract. • All primary health care sites will implement the Patient Survey Tool and will report monthly on "I can see my PHC team on my day of choice."

Results:

- By the end of March 2013, 65% of primary health care clinics using MedAccess were reporting CPR™ data. This data is the baseline for our improvement efforts, demonstrating how quickly patients are able to see their health care provider of choice, for example.
    - This was a larger challenge than anticipated, but became an opportunity to ensure the Region's clinics were correctly and fully using MedAccess, the electronic medical record software.
- In early 2013, Prairie North met with 16 primary health care physicians from our communities to better understand their expectations and concerns in terms of working in primary health care in our Region. These interviews were to be the foundation of the PHC physician contract, which would include both compensation and accountability details.
    - While the interviews were very informative and a working group was established, it was determined that the development of a contract fell outside of this priority project's scope. The work was handed over to Prairie North's Medical Affairs department.

Measurement Results:



As the graph (left) shows, by the end of March 2013, 95% of Prairie North's seven main and six satellite PHC clinics had implemented a patient survey tool and could report monthly on whether patients could see their primary health care team on day of choice.

Consistent data for all 13 clinics is not yet available to accurately report on the number and percentage of people surveyed who say "I can see my primary health care team on my day of choice." Developing standard work around the collection of this data is a priority in Prairie North's PHC 2013-14 work plan, so that the measure can be reported with confidence in its accuracy next year and in subsequent years.

Consistently collecting and using patient survey and CPR™ data will allow PNHR to measure and take further steps towards meeting the provincial health care system's five-year improvement target and five-year outcome.

PNHR Hoshin/Project
Improving Access to Primary Health Care Core Teams in Meadow Lake PHC Innovation Site

Problem Statement *Where we were as of April 1, 2012*	**Target Statement** *Where we wanted to be by March 31, 2013*
• Provider shortage (physician and nurse practitioner) • Poor access to a PHC provider has resulted in: ○ Inappropriate use of the emergency room (ER): over 82% of the 16,671 visits to the ER in 2011-12 were CTAS 4 or 5 ○ Episodic care has led to poor management of chronic diseases ○ Dissatisfied patients - numerous concerns expressed by patients, Community Advisory Council and Meadow Lake Tribal Council; there is a public perception that PHC does not work ○ Overworked and dissatisfied providers • Public confusion over how to access PHC services due to continually changing processes in an attempt to improve the system.	• By March 31, 2013, 50% of community members will understand how to access their PHC team, and the role each team member plays in their care. • By March 31, 2013, 50% increase in patients who report that "I can see my PHC team on my day of choice", as reported in the Patient Experience Survey.

In May 2012, the Ministry of Health named eight primary health care innovation sites, two of which are in Prairie North Health Region: Meadow Lake and Lloydminster. The approach to implementing the provincial primary health care framework is "learn by doing". This means the focus is on achieving the aims of the framework (access, patient experience, population health and stable sustainable services) by testing new and innovative approaches, while continuing to progress primary health care across the province.

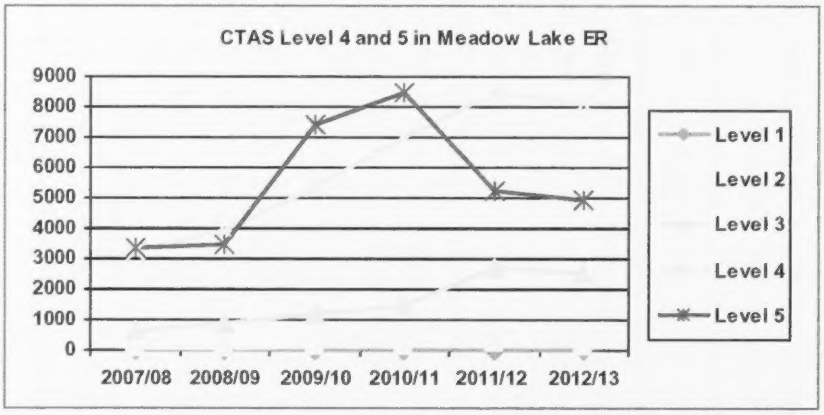
Results:

- The Meadow Lake Primary Health Centre celebrated its grand opening on April 20, 2012. Implementing the primary health model of care in Meadow Lake has improved access to health care services by making the right services more readily available, and not necessarily delivered by a physician. The transition to this model of care has meant all team members are learning to practice more collaboratively for the benefit of patients.
- Materials have been developed and shared with patients and the community regarding how and when to access PHC services, and the role PHC team members and the patient play in care. No measure has yet been developed or implemented to determine community members' level of understanding of these key PHC concepts.

Meadow Lake Primary Health Care Center
TEAM MEMBER
TEAM MEMBER

Meadow Lake Primary Health Centre Grand Opening

Measurement Results:



The graph (left) shows a reduction in the past year in the volume of CTAS Level 4 and 5 patients being seen in the Emergency Department of Meadow Lake Hospital. Most often, patients assessed as Level 4 or 5 are best looked after in a primary care site. Decreased numbers of these patients being seen in an ER indicates increasing access to PHC providers.

CTAS stands for Canadian Triage and Acuity Scale and is a system to assess and categorize the urgency of the care a patient needs. The Level 4 classification means the patient should been seen by a physician or nurse practitioner within 3 - 12 hours. The Level 5 classification means the patient's condition is non-urgent and should be seen by a physician or nurse practitioner at a primary care site or clinic.

PNHR Hoshin/Project
Building a Strong Foundation for Primary Health Care in Lloydminster

Problem Statement *Where we were as of April 1, 2012*	**Target Statement** *Where we wanted to be by March 31, 2013*
• Lloydminster has a fast growing, significantly younger than provincial average population with lower health status scores in several key areas that have implications for PHC services (higher rates of diabetes and obesity, and lower rates of participation in preventive health practices). • In addition, the physician on our team reports many of her patients with chronic disease suffer from depression and she is finding it difficult to access appropriate services for them. • Our stakeholder consultation process identified access to family physicians, access to mental health services, chronic disease management services and access to after hours care as the most pressing PHC issues that need to be addressed.	• By March 31, 2013, 50% of patients accessing the Prairie North PHC site will rate their health care experience as exceptional. • By March 31, 2013, 50% increase in patients who report increased self confidence in managing their disease. • By March 31, 2013, the team will have developed two targets for promoting healthy lifestyles.

Results:

- In October 2011, Prairie North Regional Health Authority established a health centre in Lloydminster intended primarily as a 'soft landing' site for family physicians newly coming to Lloydminster. The focus of the Lloydminster PHC Innovation site work in the past year has been to transform the Prairie North Health Centre in Lloydminster to a stable primary health care site. A Leadership Team comprised of community members, physicians, PNRHA staff, and representation from Onion Lake Cree Nation and the Alberta Primary Care Network has come together in the planning phase.
- Offering extended physician service hours at the Health Centre has improved access to care in the community.
- Collaboration with the Chronic Disease Team has improved services to patients with chronic conditions.

Measurement Results:

- Anecdotal feedback from patients indicates that they are able to get in to see a doctor much more easily than in the recent past. The PHC clinic offers extended hours from 4 p.m. - 8 p.m. Mondays through Thursdays that can and do allow access to more than 40 patients each evening. Measurement results for the Lloydminster Primary Care Site are beginning to be collected.

PNHR Hoshin/Project
Supporting Positive Health Outcomes in Aboriginal Peoples

Problem Statement *Where we were as of April 1, 2012*	**Target Statement** *Where we wanted to be by March 31, 2013*
• Evidence indicates there are considerable disparities in health outcomes for Aboriginal peoples. Over 28% of PNHR's population is Aboriginal peoples, while 6.1% of PNHR's employees are Aboriginal peoples.	• To improve relationships with our Aboriginal health care partners, to increase satisfaction amongst Aboriginal patients and families, and reduce concerns in an overall effort to improve health outcomes.

Results:

- The implementation plan for this priority project included a number of ongoing initiatives, including staff education, specific projects with various Tribal Council partners, and policy reviews. However, as Prairie North learned more about the hoshin kanri process, this project was determined to be a part of our organization's 'daily work', rather than a priority project to be completed within 12 months.
- Senior leadership decided to remove this project from the 2012-13 priority project list, recognizing that continually working to improve relationships with our Aboriginal patients and clients is part of our ongoing commitment to providing patient and family-centred care.

Measurement Results:

- Prairie North had set a target of an 8% representative workforce by December 31, 2012. As of that date, 201 employees identified themselves as being of Aboriginal heritage, representing 6.358%. This is up from 6.1% at the end of 2011, 5.2% at the end of 2010, and 4.5% at the end of 2009. The Region did not meet its 8% target and continues working toward improvement in its representative workforce component.

Better Care

System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome to ensure that "by March 31, 2014 all patients have the option to receive necessary surgery within three months."

System Five-year Improvement Target:

By March 2014, achieve the capacity needed to meet the established surgical throughput targets;

and

By March 2013, 100% of expected surgical case volumes by Region delivered.

System Hoshin
Transform the Patient Experience through Sooner, Safer, Smarter Surgical Care.

PNHR Hoshin/Project
Transform the Patient Experience through Sooner, Safer, Smarter Surgical Care.

Problem Statement *Where we were as of April 1, 2012*	**Target Statement** *Where we wanted to be by March 31, 2013*
• Long wait times for surgery can exacerbate patient suffering and adversely impact the quality of patients' lives. • Variation in care may mean that evidence-based or consensus-based care is not being provided, leading to potential patient harm. • Maintaining a stable, trained workforce is an ongoing challenge.	We are committed to improving quality of patients' lives, decreasing risk of injury/infection/death, increasing staff/physician and patient satisfaction, and optimal use of available resources. We want to provide patients with the right surgery to support their best outcome, in the right timeframe, and in a safe manner. • Reduce the wait time for necessary surgery to 6 months by March 31, 2013. • Patients requiring cancer surgery and/or treatment receive it within consensus timeframes by March 31, 2013. • 60% of physicians and 100% of NPs will have taken the lower back pain assessment and treatment training by March 31, 2013. • 100% of therapists will have taken the lower back pain assessment and treatment training by March 31, 2013. • 100% of hip and knee replacement patients will receive post operative follow up by March 31, 2013. • Four additional nurses will receive perioperative training and certification by March 31, 2013. • 50% of surgical practices within the Region will be provided with clinical practice redesign (CPR) education and support in 2012-13. • Pooled referrals for one additional surgical specialist group will be implemented by March 31, 2013.

Results:

- As of March 31, 2013, Prairie North RHA met its target of having zero patients waiting longer than six months for surgery. This positions us well to meet the five-year provincial improvement target with regards to having the necessary capacity to meet the March 31, 2014 surgical throughput rates.
  (See Measurement Results, page 15 for more details.)

- Prairie North met and exceeded its 2012-13 target (Accountability Document) of 6,050 surgical cases to be done in the Region in the past year. In fact, 2012-13 marked the sixth consecutive year Prairie North achieved and surpassed its annual target.

  As the chart (right) shows, PNRHA performed 84 more surgeries last year than targeted, with 6,134 cases completed. A total of 4,473 cases were done as day surgery and the remaining 1,661 cases were done as inpatient surgery. This also surpasses the target of 4,250 day surgeries, but is below the 1,800 inpatient surgery target.

Surgical Cases Performed In Relation to Surgical Case Targets - PNHR

	Actual # of Surgeries	Target # of Surgeries	Variance of Actual from Target	Actual as % of Target
2004/05	3,091	-----	-----	-----
2005/06	4,353	4,161	+192	104.6%
2006/07	4,403	4,488	-85	98.1%
2007/08	4,739	4,291	+448	110.4%
2008/09	5,199	4,500	+699	115.5%
2009/10	5,103	4,500	+603	113.4%
2010/11	5,635	4,560	+1,075	123.6%
2011/12	6,022*	5,660	+362	106.4%
2012/13	**6,134***	**6,050**	**+84**	**101.4%**

Source: Saskatchewan Surgical Patient Registry
PNRHA Key Indicator Statistics (KIS) Report

* *For comparative purposes, data for 2011-12 and 2012-13 is sourced from PNRHA's KIS report and differs from that reported through the Surgical Patient Registry and Saskatchewan Surgical Care Network.*

In June 2011, the provincial Surgical Information System (SIS) was implemented at two of PNRHA's three hospitals where surgeries are performed. The SIS data reported through the Surgical Patient Registry or PNRHA includes endoscopy cases as of June, and is therefore not directly comparable to the surgical case numbers reported for previous years for Prairie North.

The surgical data in the above chart does not include endoscopies.

- Prairie North met and exceeded the target number of 3,205 endoscopic cases to be performed in the Region in 2012-13. A total of 3,467 endoscopies were done, 262 more than targeted. Of the endoscopic cases completed in PNHR in 2012-13, 3,182 were done as day surgery and 285 were inpatient cases.

- Other exciting progress was made under the Prairie North *Sooner, Safer, Smarter* project plan:

  - By March 31, 2013, 100% of Prairie North patients requiring invasive cancer surgery received it within the consensus timeframe of three weeks.

  - As of March 31, 2013, 51% of Prairie North's family physicians and 100% of the Region's Primary Care nurse practitioners had completed the lower back pain assessment and treatment training.

  - PNRHA met the target of having all of its therapists complete the lower back pain assessment and treatment training by March 31, 2013. The Region hosted three training events in Prairie North for its therapists. Physicians, nurse practitioners, chiropractors, and physiotherapists working in private practice also participated. The training was a combination of an online web-based component, plus a one day hands-on training event.

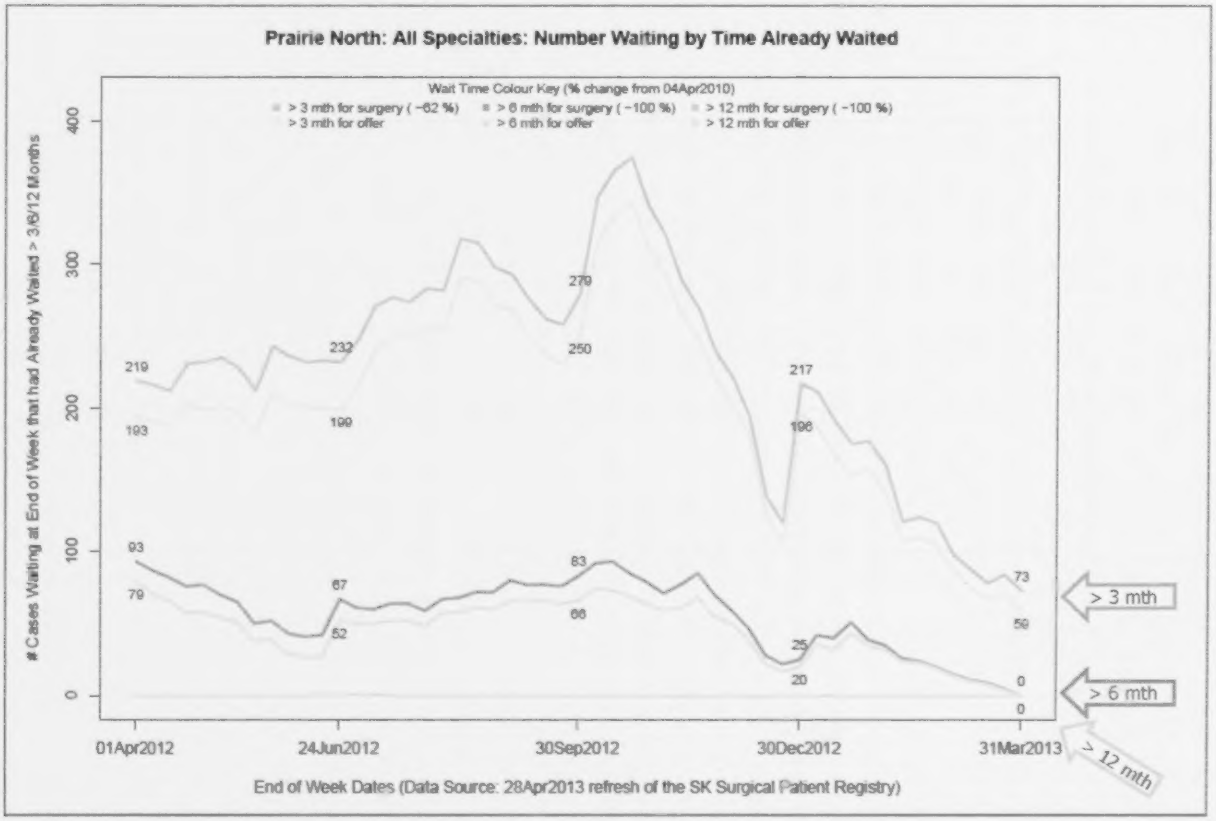
  - Prairie North RHA met the target of 100% of hip and knee replacement patients receiving post-operative follow up by March 31, 2013. A single point of entry was established in North Battleford for all post- hip and knee operative follow ups. This allowed physiotherapists to meet the target while adjusting for staff shortages and other challenges. All referrals for the Region are vetted through the single entry point to the location that can provide the quickest service. The single entry point also identifies patients who could potentially be missed or need special accommodations. Post-operative hip and knee groups were established in North Battleford and Lloydminster, improving patient services by utilizing group dynamics for recovery.

SOONER
SAFER
SMARTER

Saskatchewan
Surgical Initiative
putting the Patient First

- ○ Eight registered nurses and licensed practical nurses entered perioperative training in 2012-13. Four of the eight completed the training by the end of March 2013, meeting the target. Two of the remaining four will complete the training in May 2013, followed by the remaining two in June 2013.
- ○ Progress has been made by Prairie North in the past year toward having more surgical specialist groups participate in the practice of pooling new patient referrals to improve timely access to specialist services. Information sessions were held across the Region for general practitioners and specialists. Commitment to the process has been signed by a number of PNHR specialists, with more pending. Final implementation of the pooled referrals process will proceed with assistance from the Ministry, once all of the signatures are in place.

Measurement Results:



- The graph above illustrates that Prairie North Regional Health Authority is achieving success in transforming the patient surgical experience and reducing surgical wait times. PNRHA improved on its previous year's performance in having no patient waiting longer than 12 months for surgery. By the end of March 2013, no patients were waiting longer than six months for surgery in PNHR; and only 73 patients were waiting longer than three months.
- The numbers illustrate snapshots of the number of patients waiting for surgery in PNRHA operating rooms as of specific quarterly dates, including at March 31, 2013. The wait time calculation is based on the booking date and the last day of the month. Patient unavailable days are subtracted from the wait time.
- For 2013-14, Prairie North will be challenged under the Saskatchewan Surgical Initiative to reduce wait times even further so that all patients are offered a date for their surgery within three months.

System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome to achieve by 2017 "zero surgical infections from clean surgeries."

System Five-year Improvement Targets:

By 2017, 100% of surgeries will use the Surgical Site Infections bundle;
and
By March 31, 2014, 100% of surgeries in an OR will use surgical safety checklists.

System Hoshin
Transform the Patient Experience through Sooner, Safer, Smarter Surgical Care.

PNHR Hoshin/Project
Transform the Patient Experience through Sooner, Safer, Smarter Surgical Care

Problem Statement *Where we were as of April 1, 2012*	**Target Statement** *Where we wanted to be by March 31, 2013*
• Long wait times for surgery can exacerbate patient suffering and adversely impact the quality of patients' lives. • Variation in care may mean that evidence-based or consensus-based care is not being provided, leading to potential patient harm. • Maintaining a stable, trained workforce is an ongoing challenge.	We are committed to improving quality of patients' lives, decreasing risk of injury/infection/death, increasing staff/ physician and patient satisfaction, and optimal use of available resources. We want to provide patients with the right surgery to support their best outcome, in the right time frame, and in a safe manner. • All surgical patients will have a completed surgical safety checklist by March 31, 2013. • 50% of all surgical patients will have met all criteria outlined in the Surgical Site Infection bundle by March 31, 2013.

Results:

- Prairie North's *Sooner, Safer, Smarter* project plan specifically addresses use of the surgical safety checklist and implementation of the Surgical Site Infection bundle, which support the system-wide five-year outcome and improvement targets.
    - All surgical patients in Prairie North Health Region are receiving safe surgery with the surgical safety checklist used for all surgical cases in the Region's three surgical sites in Battlefords Union, Lloydminster, and Meadow Lake Hospitals. *(See Measurement Results below and page 17)*
    - Prairie North has policy and procedure in place to support criteria outlined in the Surgical Site Infection bundle, however compliance has not yet been measured. The Ministry is working with health regions to standardize metrics for this requirement to ensure that care for all surgical patients meets the criteria.

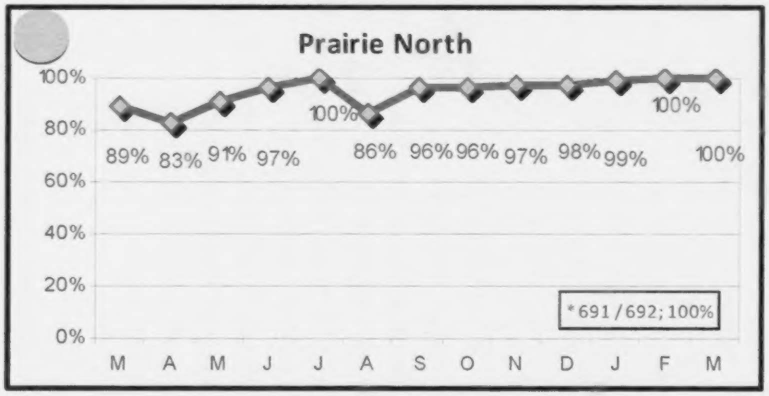
Measurement Results:

- As the graph on the following page illustrates, by March 31, 2013 PNRHA achieved 100% compliance with use of the surgical safety checklist for all surgical patients.

- Use and full completion of the checklist generally improved throughout the year to reach 100% for both February and March. The January percentage excludes Lloydminster Hospital data due to data quality issues, that have since been resolved.

- The numbers at the bottom of the chart, marked with an asterisk (*) are the number of cases with the entire checklist complete, over (/) the number of surgical cases audited, giving the percentage (100%).
- Auditing for compliance with use of the checklist continues on a monthly basis, to help ensure that the surgical safety checklist is fully complete for each surgical patient.

Surgical Safety Checklist Completion:
% of Audited Cases with entire Checklist Complete - By Month



System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome to achieve by March 31, 2017 "no adverse events related to medication errors."

System Five-year Improvement Targets:

By 2015, medication reconciliation (med rec) will be undertaken at all admissions and transfers/discharges in acute, long-term care, and community.

System Hoshin
Safety Culture: Focus on Patient and Staff Safety

PNHR Hoshin/Project
Medication Reconciliation/Management

Problem Statement *Where we were as of April 1, 2012*	**Target Statement** *Where we wanted to be by March 31, 2013*
• Medication Reconciliation is both a Required Organizational Practice (ROP) and a provincial Strategic and Operational Direction. • Must have zero patient harm.	• Meet/exceeds targets for implementation of medication reconciliation on admission/discharge in Long-Term Care/Home Care/Acute Care

Results:

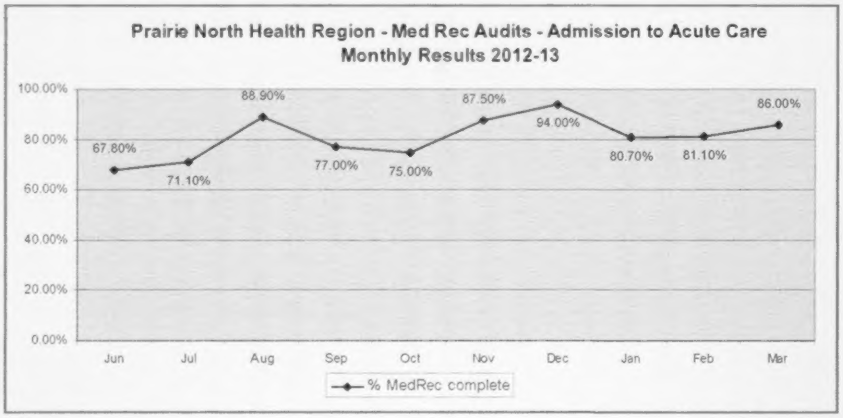
Implementing and ensuring a thorough medication reconciliation is completed for each patient at admission and discharge is an ongoing process within Prairie North. Making sure it is done properly is vital for the safety of our patients and supports the provincial five-year outcome of 'no adverse events related to medication errors.'

- Medication reconciliation on admission has been implemented in all acute care hospitals, long-term care facilities, and integrated care sites in Prairie North Health Region. Auditing is conducted at each of PNRHA's five acute care sites, eight long-term care facilities, and five integrated facilities on a regular basis to determine the number of patients on which Med Rec was complete.
- Medication reconciliation has been implemented throughout the Region's Home Care program, with audits also completed on a monthly basis.

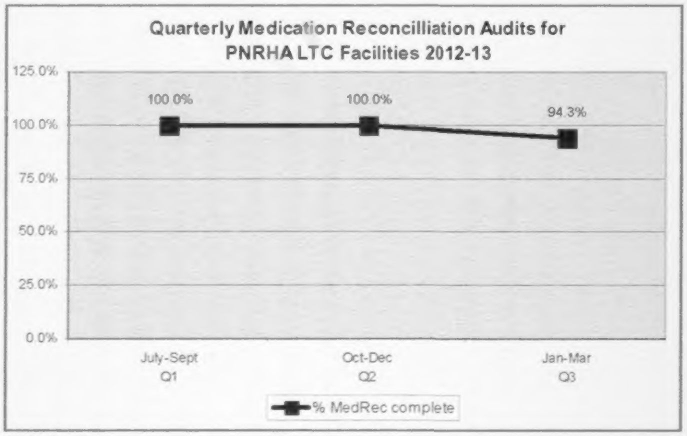
- Medication reconciliation on discharge is being implemented, with the first audits to begin in the fall of 2013.
- Ongoing education is provided to all PNRHA care providers and physicians regarding medication reconciliation and compliance.
- Medication reconciliation process training has been incorporated into orientation to ensure all clinical and medical personnel have the knowledge and skills for this safe patient practice.

Measurement Results:

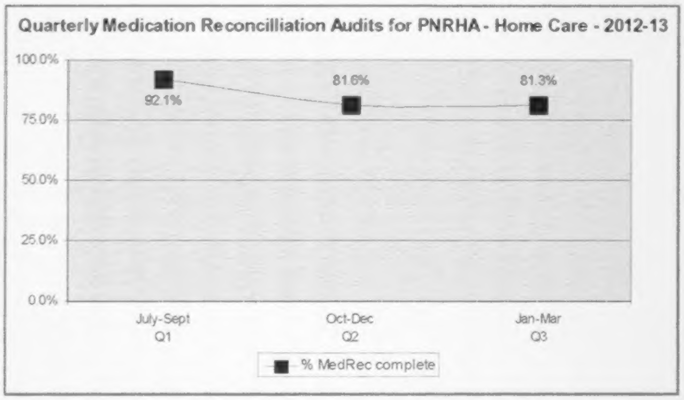
- Prairie North Regional Health Authority achieved improvement in medication reconciliation on admission to its five acute care sites. The graph (right) shows the monthly percentages where Med Rec was complete in the acute care facilities combined: Lloydminster Hospital, Battlefords Union Hospital, Meadow Lake Hospital, Riverside Health Complex in Turtleford, and Maidstone Health Complex. Auditing for compliance of Med Rec on admission is completed on a monthly basis. This will help ensure that 100% of our patients receive medication reconciliation on admission.


Prairie North Health Region - Med Rec Audits - Admission to Acute Care Monthly Results 2012-13

- The graph (right) shows audits for medication reconciliation on admission to LTC from all PNRHA continuing care sites. PNRHA's Long-Term Care program has had near perfect compliance on Med Rec on admission since its inception in June of 2012. Compliance fell slightly in the last quarter of the year. Efforts are underway to return compliance to 100% for all LTC admissions.


Quarterly Medication Reconcilliation Audits for PNRHA LTC Facilities 2012-13

- Implementation of medication reconciliation on admission to Home Care has been in place since July 2012. The audit process has recently undergone some changes, where more discrepancies are taken into account, therefore showing a decrease in compliance levels, as shown in the chart (right). Education is underway to increase compliance.


Quarterly Medication Reconcilliation Audits for PNRHA - Home Care - 2012-13

System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome to achieve by March 31, 2017 that "individuals with severe and complex mental health issues (with alcohol co-morbidity or acquired brain injury) will have access to supportive housing in or near their community."

System Five-year Improvement Targets:

By March 2017, reduce the length of stay for Saskatchewan Hospital North Battleford inpatients by 50% for individuals with severe and complex mental health issues.

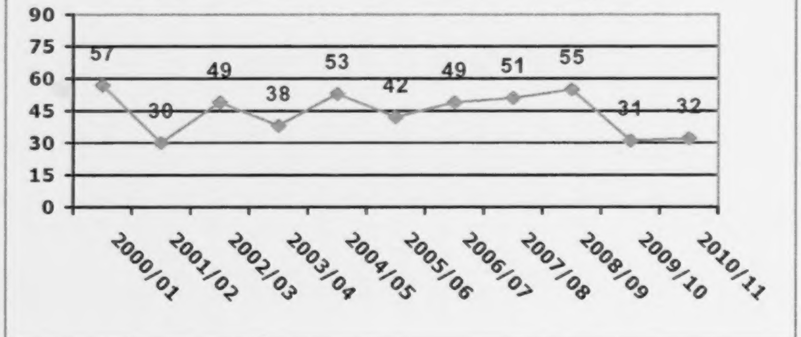
Results:

- Prairie North Regional Health Authority did not identify this five-year outcome and improvement target as a hoshin/priority project for 2012-13 as achievement is beyond the scope of PNRHA. Improvement in reducing the length of stay in Saskatchewan Hospital for patients with severe and complex mental health issues is contingent on development of appropriate resources in communities throughout the province, to where the clients can go.
- Individuals with complex needs continue to be cared for at Saskatchewan Hospital.
- PNRHA operates Saskatchewan Hospital on behalf of the Ministry of Health to serve patients from across the province who need longer term psychiatric rehabilitation and whose needs cannot be met in local inpatient mental health facilities. SHNB, as it is commonly known in reference to 'Saskatchewan Hospital North Battleford', currently functions with 156 beds including a 24-bed Forensic Unit - home to the province's Forensic program.
- In 2011-12, the most recent year for which statistics are available, 171 clients were admitted to Saskatchewan Hospital, 135 (79%) of whom were admitted to the Forensic Unit.

Measurement Results:

- The average wait time for admission to SHNB was 30 days in 2011-12.The wait time does not include admissions to the Forensic Unit. Individuals are admitted to Forensics by order of the Justice system. Wait times for admission to the Forensic Unit are minimal.
- The average wait time for all other admissions to SHNB varies from year to year, depending on factors such as the availability of beds for placements, progress of individual clients toward discharge from the program, and the ability to discharge clients back to their home communities.
- SHNB functions at capacity with few, if any, beds vacant to accommodate immediate admissions.

Average Wait Time (Days) for Admission to Saskatchewan Hospital



Better Teams

System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome to increase the healthcare budget by less than the increase to provincial revenue growth by March 31, 2017 (based on a rolling five-year average) .

System Five-year Improvement Target:

By March 31, 2016, 880 health care workers will be certified in Lean;
and
By March 31, 2017, more than 1,000 focused quality improvement events involving frontline staff, physicians and patients will be undertaken in multiple areas of the health system, in order to improve the patient experience and reduce error.
and
By March 2017, 400 staff will be dedicated to continuous improvement.

System Hoshin
Safety Culture: Focus on Patient and Staff Safety

PNHR Hoshin/Project
Continuous Quality Improvement

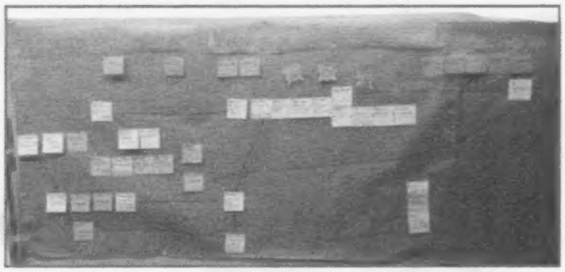
Problem Statement *Where we were as of April 1, 2012*	**Target Statement** *Where we wanted to be by March 31, 2013*
• Many tools and methodologies are being used that are all trying to achieve the same goals, but may not always be in alignment (Lean, Releasing Time to Care, Quality as a Business Strategy, Quality of Care Coordinator, Clinical Practice Redesign). • PNRHA is experiencing difficulties selecting and prioritizing Lean initiatives. • Understanding and communication around the intent of Lean is unclear. • There is a misperception regarding the funding model for working on Continuous Improvement events. • Uncertainty around measurements and reporting. • New provincial direction.	• Want integrated Continuous Improvement System within Prairie North Health Region by March 31, 2013. • Have established criteria for selection of all Continuous Improvement System projects and their intent. • Have a clear communication plan to explain the intent, roles, and priority selection of Continuous Improvement System activities. • Have support in place to make priority determination for implementation plan items from Continuous Improvement System projects. • Pyramid visits and Vis wall meetings happen as scheduled by all parties. • Have an established plan for how to properly measure and report on Continuous Improvement System activities.

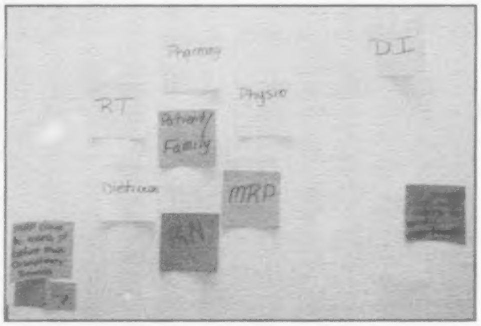
Results

- The *Saskatchewan Healthcare Management System* is taking shape throughout our provincial health system, as well as in Prairie North Health Region, adapting Lean management approaches to health care. In 2012-13, PNRHA's Kaizen Promotion Office (KPO) was created, a group of Lean leaders began their training, and staff in all parts of the health region began to learn about and take part in Kaizen quality improvement activities.
    - Thirty-six (36) PNRHA staff members are currently taking part in Lean Leader Certification training offered through John Black and Associates, the consultants contracted by the province to provide the Lean training. Four physician leaders, the health region's CEO, and two PNRHA vice-presidents are among those taking the certification training.
    - As of March 31, 2013, 538 Prairie North staff members completed Kaizen Basics training, a one-day introduction to Lean management concepts and tools, supporting the provincial improvement target related to continuous improvement basics training.
- Regional visibility walls (Vis walls) showing alignment between regional project plans and system-wide provincial hoshins, improvement targets, and five-year outcomes are found in Battlefords Union Hospital, Lloydminster Hospital, and Meadow Lake Hospital. *Vis wall walks* are held bi-weekly, bringing senior leaders, directors, and others from across Prairie North together to review progress on the regional priority projects (regional hoshins, or breakthrough initiatives) and remove barriers to success.
- Project plans – referred to as A3s because of the planning tool template – are also posted on the regional Visibility Wall sharepoint site, which is accessible by all staff and medical staff. Information about Lean, Hoshin Kanri (strategic planning), and improvement events is also posted for all staff on Prairie North's internal website known as MARS.
- Two Rapid Process Improvement Workshops (RPIWs), one two-pronged 3P (production, preparation, process) event, and three 5S (sort, simplify, sweep, standardize, and self-discipline) events were held in Prairie North in the last quarter of 2012-13. These quality improvement events involve front-line staff making quality and safety improvements to their work areas to benefit the patients.

The Reporting Renegades
RPIW #1 - Effective reporting of Test Results - Meadow Lake, Jan. 28 - Feb. 1, 2013

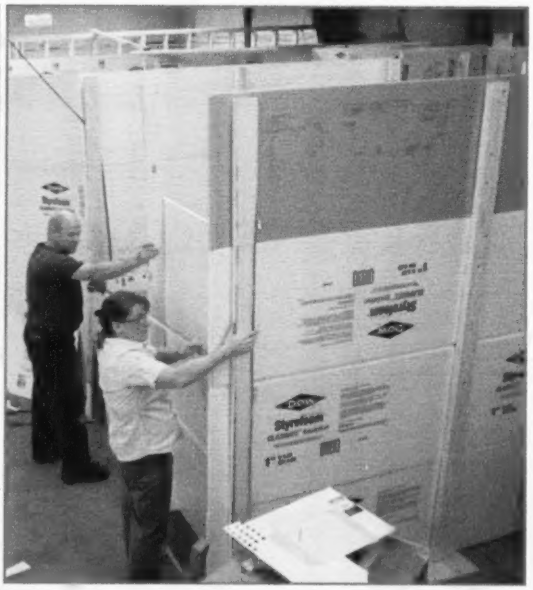
RPIW #1 - Future State Map





RPIW #2 - Future State Map

RPIW #2 - Improving Communication in the ICU - Battlefords Union Hospital, March 4 - 8, 2013



3P - Relocating and Expanding ICU & Developing Endoscopy Suite,
Battlefords Union Hospital
October 22 - 26, 2012

5S -
Lloydminster
Hospital Labour
and Delivery
Rooms
January 2013

Pre-5S

Post-5S

5S - Primary Health Centre Clerical Area,
North Battleford January 2013

Pre-5S

Post-5S

5S - Intensive
Care Unit,
Battlefords Union
Hospital
February 2013

System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome to increase the physician engagement "score" by 50% by March 31, 2017.

System Five-year Improvement Target:

By March 31, 2013, develop and deploy a tool to measure physician engagement and determine target for measurement;

System Hoshin

Deploy a Lean Management System including training, infrastructure across the health system with an initial focus on the surgical value stream and 3P within Five Hills, Prairie North, Prince Albert Parkland, and Saskatoon Health Regions.

PNHR Hoshin/Project
Physician Engagement

Problem Statement *Where we were as of April 1, 2012*	**Target Statement** *Where we wanted to be by March 31, 2013*
Given the critical role physicians play in the healthcare system, it is imperative to avail of their knowledge, expertise and experience in all aspects of healthcare delivery including system/quality improvement efforts. A variety of factors in the past and the present have contributed to the lack of physician involvement in Regional initiatives, including the fact that, until recently, almost all physicians were independent providers/ contractors to the system. This reality often resulted in a discrepancy between physician and system expectations. Physician expectations are also influenced by their own training and experience. The Region has not done a good job of orientating new physicians, both internationally trained and Canadian trained, to our system. These reasons combined have resulted in lack of physician involvement in system and Region initiatives.	• By March 31, 2013, 20% of physicians, whose primary practice is resident in Prairie North Health Region, are engaged in quality improvement work that extends beyond their day-to-day practice. For the purposes of this initiative, quality improvement is defined as involvement in committee work and or projects that focus on system improvement. Examples of this involvement could be, but are not limited to, such actions as providing consultancy support to new patient care initiatives, participating in an advisory capacity when requested in relation to infrastructure projects, working collaboratively with the Health Region to develop new clinical protocols, and providing physician leadership on a variety of local and regional committees such as Medical Advisory Committees (MACs) and or Practitioner Advisory Committees (PACs).

Results:

- PNRHA met our target of 20% of physicians being involved in quality improvement work that extends beyond their day-to-day practice – our definition of engagement.
    - Grand Rounds were reinstituted in the Region in August 2012. Twenty-five (25) PNRHA physicians have done presentations to the Rounds, and a larger number have participated. Attendance at Grand Rounds averages 30 physicians and other health professionals combined per week.

  - Active participation of physicians in the work of the MAC is increasing. Since early 2013 and through the start of 2012-13, 12 physicians are taking part, including seven heads of active service teams. Restructuring of the service committees into service teams is underway, aimed at producing quality improvement results with better physician engagement.
  - Twenty-five (25) physicians including general practitioners and specialists, plus other health professionals are working to develop and implement Patient Order Sets for the Region. Patient order sets are best practice admission templates developed on evidence-based criteria. They ensure patient quality and safety by following best practice. Legibility, ease of transfer of information and consistent integration of multidisciplinary teams are included in patient order sets. Resource teams for every department in the Region have been created and involve physicians, nurses and allied health professionals. The first phase of the project is complete, covering governance, development of teams, and orientation. The second phase - development of the order sets - is underway. Use of the order sets will start on a paper-based format as soon as an order set is approved, with electronic integration expected in Fall 2013.
  - Four PNRHA physicians are taking the Lean Leader Certification training under the Saskatchewan Healthcare Management System. A further seven physicians have taken Kaizen Basics training as part of the Region's Lean initiative. Several physicians have also participated in Prairie North's RPIWs that began in January 2013, either as team members or content experts.
- Further, an 'onboarding' process that ensures new physicians clearly understand Prairie North's expectations and deliverables as physicians has been developed and is being implemented. In the past year, Prairie North recruited 31 physicians to the Region. Four physicians left, for a net increase of 27 doctors new to Prairie North in 2012-13.
  - At the end of March 2013, 121 physicians were located in and practicing medicine in PNHR:
    - 75 are general practitioners and/or emergency room physicians;
    - 5 are general practitioners/anaesthetists;
    - 39 are specialists; and
    - 2 are operating room assistants.
- Prairie North achieved great success in physician recruitment over the past year, particularly to Lloydminster where 16 new physicians began serving patients (9 specialists, 6 general practitioners, and 1 OR assistant). A total of 15 newly recruited physicians (13 GPs and 2 specialists) arrived to provide care to PNHR residents in The Battlefords, Meadow Lake, and rural communities.
- PNRHA has continued preparations over the past year toward launch of the Distributed Medical Education (DME) initiative in the Region. The University of Saskatchewan College of Medicine targeted North Battleford as host of the site training program in Prairie North. The first four family medicine residents are to arrive in The Battlefords in July 2013. DME helps train and mentor student physicians in locations outside Saskatoon and Regina. Four PNRHA physicians will participate with specific teaching duties for the student physicians. Other Prairie North physicians will also be involved.

System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome of having the employee engagement provincial average score exceed 80%, by March 31, 2017.

System Five-year Improvement Target:

By March 2017, 25% of staff and clinicians are trained in continuous improvement basics

and

By March 31, 2017, 100% of Regional Health Authorities have met their improvement targets for staff engagement to enable achievement of the provincial goal of 80%.

System Hoshin
Deploy a Lean Management System including training, infrastructure across the health system with an initial focus on the surgical value stream and 3P within Five Hills, Prairie North, Prince Albert Parkland, and Saskatoon Health Regions.

PNHR Hoshin/Project
Frontline Management

Problem Statement *Where we were as of April 1, 2012*	**Target Statement** *Where we wanted to be by March 31, 2013*
• Staff have expressed a high level of concern about workload and lack of understanding around Regional processes. • It has been noted that inadequate orientation, training and tools to support the Manager impact on the quality delivery of healthcare services, as well as managers' performance and engagement in the organization.	• We will explore options to support all levels of management and provide a recommended solution to the organization's Senior Leadership Team (SLT) by August 31, 2012.

Results:

- The target to explore options and provide a recommended solution to senior leadership by the end of August 2012 to improve frontline management engagement in the organization was met. Different manager orientation programs were reviewed and information was gathered from 15 consultation meetings with managers throughout Prairie North. A proposed program was developed, presented and approved by SLT. The program includes an assessment of existing knowledge and skills, facilitated orientation meetings with various departments, access to an online manager orientation handbook, and subsequent evaluation of the program.
    - An online manager orientation handbook was developed and completed in March 2013. It is designed to be easily accessed and updated as processes and information change.
    - Support documents and forms have been gathered into the Human Resources (HR) Toolbox to assist with a "one stop" place to store information.
    - Further development and integration of Manager Education Sessions, held in the Region since June 2011, was evaluated. Curriculum for the coming year was set, and a process to confirm attendance and review information was established.

Measurement Results:

- Twelve (12) monthly manager education sessions via WebEx and teleconference were held in 2012, on topics requested by managers.
- Surveys of participants were conducted, with just over 93% of respondents indicating they found the presented subjects useful and informative.
- Through the surveys, managers identified the sessions as being held at a good time and through a good venue.

PNHR Hoshin/Project
Staff Engagement

Problem Statement *Where we were as of April 1, 2012*	**Target Statement** *Where we wanted to be by March 31, 2013*
A recent staff satisfaction survey had a 16% response rate, with only 63% rating engagement as favourable. *Footnote:* Highly engaged organizations have patients and families that are highly satisfied with care.	• By March 31, 2013 a minimum of 80% of out-of-scope (OOS) directors and managers as well as in-scope supervisors will have attended and participated in the *Communication for Leaders* training. This training will increase the knowledge, understanding and practice of effective communication, which contributes to staff feeling engaged in their workplace. ○ The number of OOS directors/managers and in-scope supervisors trained will be measured against the total number of OOS directors/managers and in-scope supervisors in the Region, to provide a percentage measurement. • By March 31, 2013 a minimum of 80% of employees will indicate, by using an emotional evaluation, that they feel their workplace is a positive, empowering environment that assists them in identifying and understanding how the work they do helps to achieve PNRHA's vision of *'Healthy People. Healthy Communities.'* ○ This emotional evaluation will be a visual measurement of job satisfaction, which will correlate with the level of employee engagement. Managers will ask a simple question of their staff, by which a rating of emotion will describe the work experience of the day. Based on the category of emotion selected by the employee, the rating of red, yellow or green will be attained.

Results:

- Prairie North achieved its target with 83% of OOS directors, managers and in-scope supervisors participating in the *Communication for Leaders* training. The training was very well received by the 120 individuals who took the education.
- The emotional evaluation tool was not used this year as an ongoing measure of employee engagement. It was determined that this would not be an objective tool and would rely on frontline managers to administer. An objective measurement tool will be implemented in 2013-14.
- The Employee Engagement Action Team (EEAT) was busy throughout 2012-13, looking at how engagement can be improved at the frontlines. The members of the team grew throughout the year to include a broad range of personnel from direct care staff to senior leaders. The philosophy of the EEAT is that the key is to take "action", so the decision was made to work on one action item at a time.
    - The EEAT developed a "Scribbles on the Wall" campaign to assist staff in identifying what they find rewarding and motivating in their work on a day-to-day basis. The campaign began with a question to staff as to what motivates them to come to work daily. Responses were compiled based on themes, and feedback was provided to staff. The next step was to get staff to think about what "acts of kindness" occur in their work areas on a regular basis. The results of this will be communicated to staff. The third part of this exercise will be to get staff to explore what they do on a day-to-day basis to make their worksite a positive place to be.

System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome to reduce work place injuries to zero by March 31, 2017.

System Five-year Improvement Target:

By March 31, 2014, 100% of the Health Regions and the Saskatchewan Cancer Agency have implemented a safety management system;

and

By March 31, 2016, 100% of Health Regions and the Cancer Agency receive an audit score of 60% against the implemented Provincial Safety Management System.

System Hoshin
Safety Culture: Focus on Patient and Staff Safety.

PNHR Hoshin/Project
Job Safety Analysis

Problem Statement *Where we were as of April 1, 2012*	**Target Statement** *Where we wanted to be by March 31, 2013*
Currently, a risk assessment process is not completed to identify high-risk tasks within job classifications in the Region. PNHR has experienced consistent challenges with lost time WCB days and claims. Our current WCB audit scores on average 32% - 43%. We have scored 0/150 on all four WCB audits on the element of risk assessment. Workplace injuries impact the quality of lives both at work and at home for the injured worker. Workplace injuries also affect patient safety and the operations of the organization.	A job safety analysis (JSA) is a procedure that helps integrate accepted safety and health principles and practices into a particular task. In a JSA, high-risk tasks within a job are evaluated to identify hazards and put controls and training in place to ensure a safe work environment, prevent workplace injuries, and have workers going home injury-free. • By March 31, 2013, 20% of high-risk departments in Prairie North will have JSA completed. • Frontline staff representatives have been engaged in the development of JSA and safe work practices for their jobs. • Zero workplace injuries

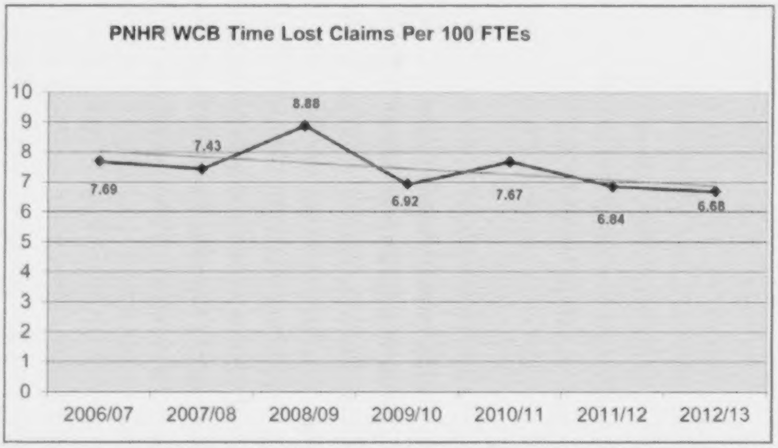
Results:

- Focusing on development and implementation of a regional process for completing Job Safety Analyses (JSAs) for each position within Prairie North is an important building block towards *Mission: Zero*, having no workplace injuries in our Region. However, the task is much larger than a 12-month project, a fact that is reflected in the 2012-13 results. The work done in 2012-13 will help Prairie North achieve both system five-year improvement targets.
- PNRHA exceeded its target of beginning JSAs in 20% of high-risk departments. A total of 53 JSAs were initiated, with 52.5% complete. No new JSAs will be started until completion rates of those already underway increase and the appropriate Health and Safety personnel are in place to support the process. A Regional Safety Officer position was approved and is anticipated to be filled in early 2013-14.
- Prairie North's Department of Health and Safety developed many new initiatives in 2012-13 and implemented them late in the fiscal year. These initiatives include:
    - Revision of the three-year Master Plan for Occupational Health & Safety (OH&S) Committees, which involves a standardized minute template and an improved process to strengthen tracking of outstanding recommendations.

- Quarterly webex training for OH&S Committees.
- Development and implementation of the Safety Cross Tally Report form and Departmental Safety Goals and Action Plans for departments to visually monitor progress toward reducing workplace injuries and achieving incident-free days. The goal(s) developed are to correspond with the area of highest risk identified through workplace incident statistical reports and hazard assessments.
- Workplace Incident Report Statistics are sent out on a weekly basis to senior leaders and managers, and are posted on PNRHA's intranet site for employee access.
- Safety Talks have been developed and are being sent to managers on a weekly basis. This provides a tool for managers to review and discuss all OH&S Policies and Procedures on an annual basis.

Measurement Results:

WCB Time Lost Claims

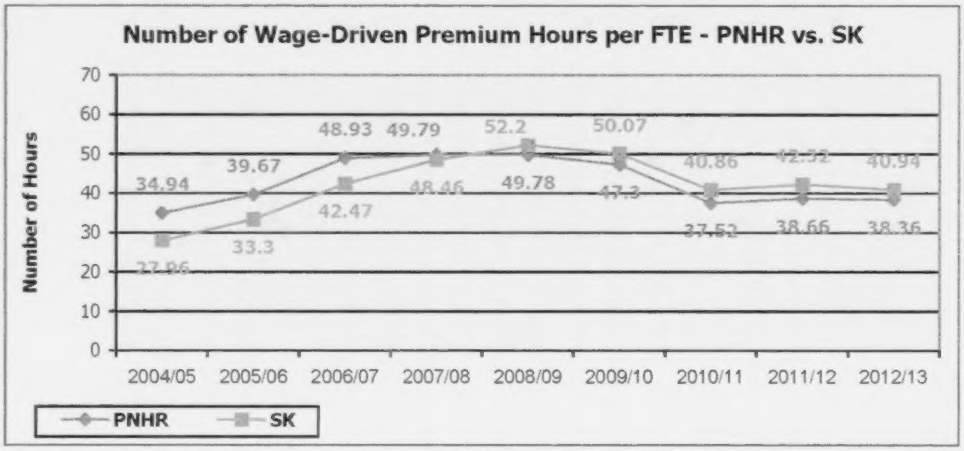


Source: Ministry of Health Workforce Planning Branch and Saskatchewan WCB.

- The measure of WCB Time Lost Claims per 100 FTEs is an indicator of progress toward achieving an injury-free workplace.
- PNRHA did not meet its 2012-13 goal of a 20% reduction in work-place injuries, set in order to meet the target of zero workplace injuries by March 31, 2017.
- Prairie North achieved only a 2.3% reduction in the number of time lost claims per 100 FTEs, in the period April 1, 2012 to March 31, 2013.
- The RHA expects that the many new initiatives developed in 2012-13 and referenced above will help move Prairie North toward achieving a reduction in workplace injuries.

Wage-Driven Premium Hours per FTE

- This measure also speaks to Prairie North's efforts to improve workplace safety to reduce wage-driven premium and injury costs.
- Wage-driven premium hours include overtime and other premium hours.
- As the graph (right) shows, Prairie North achieved a slight improvement in its wage-driven premium hours per FTE, as did the province.



Source: Ministry of Health Dashboard Measures 2012-13

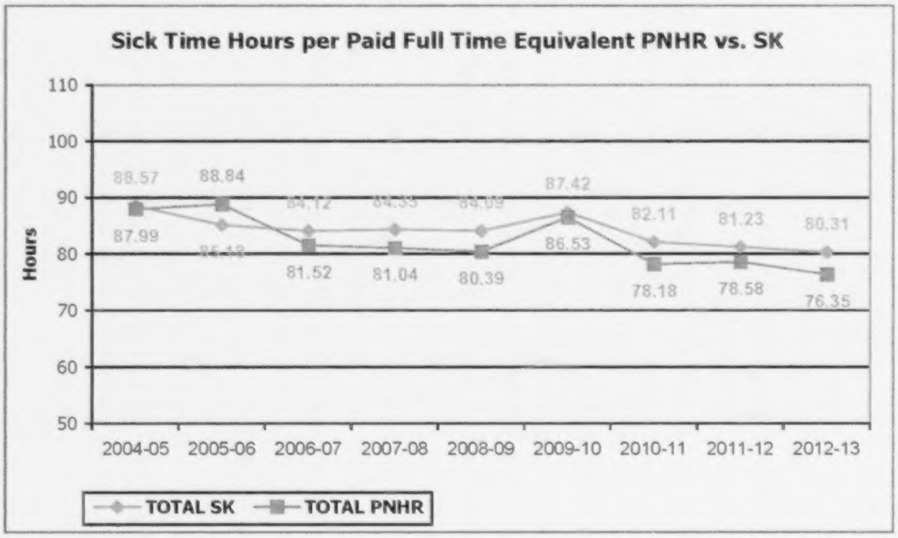
- It is important to note that the data does not include the small number of PNRHA employees who are not captured in the 3sHealth payroll system. These individuals are PNRHA employees on the Alberta side of Lloydminster and are on a separate payroll system.

Sick Time Hours Per FTE

- Like WCB Lost Time Claims and Wage-Driven Premium Hours, the measure of Sick Time Hours per Paid FTE reflects Prairie North's efforts toward a safe, healthy workplace and workforce. Absence as a result of illness (sick leave) or injury is often viewed as a measure of the overall health of a workplace.

- The graph (right) shows that Prairie North reduced its sick time by 2.23 hours per paid FTE, equaling 2.8%. The provincial health system overall reduced its sick time hours slightly, by .92 hours per paid FTE, or 1.1%

- PNRHA's Alberta employees are not included in the calculations.



Source: Ministry of Health Dashboard Measures 2012-13

Better Value

System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome to achieve by March 31, 2017 strategic investment in the healthcare budget in information technology, equipment and facility renewal.

System Five-year Improvement Target:

By March 31, 2016, all major capital projects will use 3P design methodology.

System Hoshin
Deploy a Lean Management System including training, infrastructure across the health system with an initial focus on the surgical value stream and 3P within Five Hills, Prairie North, Prince Albert Parkland, and Saskatoon Health Regions.

PNHR Hoshin/Project
Saskatchewan Hospital North Battleford Redesign

Problem Statement *Where we were as of April 1, 2012*	**Target Statement** *Where we wanted to be by March 31, 2013*
• The current Saskatchewan Hospital North Battleford (SHNB) facility is 100 years old. • Approved for replacement by Province. • Mental health patients have been an underserved population. SHNB is an integral part of the mental health continuum and the replacement of it is a part of the provincial plan for mental health services. • The current building is owned by the province and is maintained by the Ministry of Central Services. After the new building is built, it will be owned and operated by Prairie North. There are currently no staff in Prairie North available or able to maintain the new facility.	• The new facility will provide an opportunity for patients and staff to remove waste and realize better care. • To complete the construction of a new Saskatchewan Hospital North Battleford facility utilizing the 3P process. • Complete: ○ 3P process ○ Detailed design ○ Tender documents by Sept. 1, 2013 • Construction to start Oct. 1, 2013 • Fundraise $10 million target.

Results:

- The new Saskatchewan Hospital North Battleford will be constructed using 3P (production, preparation, process) methodology – a Lean approach used when a totally new facility or process is required. The goal is to ensure that quality, safety, flow and efficiencies are built into the new design, with patient needs driving the processes.
- The 3P design work did not proceed in 2012-13, but is proceeding early in 2013-14. The project will continue to the detailed design phase in the coming year as well. Exact timelines are yet to be determined.
- In 2012-13, the provincial government gave due diligence and consideration to studying whether the new SHNB project would benefit from proceeding as a private-public partnership (P3).

System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome to achieve by March 31, 2017 (based on a rolling five-year average) that the healthcare budget increase is less than the increase to provincial revenue growth.

System Five-year Improvement Target:

By March 31, 2015, have achieved an accumulated total savings of $100 million through shared services initiatives.

System Hoshin
Identify and Provide Services Collectively through a Shared Services Organization.

PNHR Hoshin/Project
Shared Services - Prairie North Health Region

Health Shared Services Saskatchewan (3sHealth) was formally established in 2012 to collaborate with the health regions and the Saskatchewan Cancer Agency (SCA) in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. By sharing specific functions, the health regions and the SCA will improve the quality of services provided, lower costs, and redirect resources to patient care.

Broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality, and lowering the cost curve.

Problem Statement *Where we were as of April 1, 2012*	**Target Statement** *Where we wanted to be by March 31, 2013*
The province has created a shared services organization that is looking to find efficiencies throughout the health sector. Currently, Prairie North has no regional plan or measuring tool. Prairie North needs to align with this provincial initiative.	• By March 31, 2013 for vendors with electronic data interchange (EDI) capabilities, Prairie North will be using electronic Purchase Order submission and confirmation for 50% of these vendors. • By January 1, 2013, an implementation plan for electronic requisitioning will be completed. • By March 31, 2013, electronic requisitioning will be implemented in a pilot department/unit. • Monitor financial savings from Shared Services reports.

Results:

- Prairie North Regional Health Authority is an active participant in 3sHealth. Key achievements for 3sHealth province-wide in 2012-13 include:
    - Established 3sHealth Board of Directors. The nine-member board was established to help guide the organization to achieve its goal of providing efficient, customer-focused, quality, province-wide shared services to Saskatchewan's health sector.
    - Participating in and adopting Lean management systems and Lean certification training to help further the provincial strategy to transform healthcare in Saskatchewan into a system that puts patients first.
    - Continued to leverage additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of $7.7 million for 2012-13.

  - Implementing Global Healthcare Exchange (GHX), a software system to automate and streamline supply chain operations.
  - Continued work to enhance, automate and standardize human resource processes through Gateway Online. This work has resulted in printing and paper cost savings, increased accuracy of information, and is allowing healthcare administrators and employees to spend less time on manual administrative processes and more time focused on the patient.
  - Completion of the business case recommending a provincial linen strategy to enhance quality and infection control standards, achieve efficiencies and secure safe working conditions. The implementation of this strategy moving forward is expected to save the healthcare system $93 million over 10 years.

- Work focused on Lean, group purchasing, GHX, standardizing human resource processes, and the provincial linen strategy will continue in 2013. In addition to this work, 3sHealth received approval from its Board of Directors and the Council of CEOs to proceed with the development of eight new business cases. These businesses cases will explore opportunities for shared services and will be guided with a view of improving quality of services for patients and families, and achieving a five-year cumulative target of $100 million in provincial savings. The eight new business cases include:
  - Laboratory Services
  - Diagnostic Imaging
  - Environmental Services
  - Supply Chain
  - Information Technology and Information Management
  - Enterprise Risk Management
  - Capitol Projects
  - Workflow Optimization

Measurement Results:

- The provincial target for savings through shared Services for 2012-13 was $7 million, with cumulative savings of $32 million from 2010-13. Prairie North Regional Health Authority was charged with achieving $286,000 as its share of savings for 2012-13 through participation in the 3sHealth Shared Services procurement initiatives.
  - The provincial target of savings realized for the past year was reached, at $8.5 million. The provincial cumulative target for 2010-13 was also reached at $33.8 million.
  - Prairie North Regional Health Authority reached and surpassed its target of savings for the past fiscal year, with actual savings of $346,000. Some of the largest savings for PNRHA were:

Medical and Surgical Supplies	$61,072
Skin and Wound Care Products	$48,559
Liability Insurance	$22,594
Pharmacy	$20,124
New Generic Drug - Atorvastatin	$16,515
Gateway Online	$15,491
Needles and Syringes	$14,324
Telecommunications	$11,258

Management Report

June 12, 2013

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Prairie North Regional Health Authority. The financial statements have been prepared in accordance with Canadian public sector accounting standards and the Financial Reporting Guide issued by the Ministry of Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

In 2013, the Authority commenced capital project spending under newly established shared ownership arrangements with the Ministry of Health. The Authority has followed the judgment and direction of the Ministry in accounting for its asset held under this arrangement on an apportioned net basis.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance Committee. The Finance Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance Committee, approves financial statements.

The appointed auditor, Baert Cameron Odishaw La Cock, Chartered Accountants conducts an independent audit of the financial statements and has full and open access to the Finance Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

David Fan
Chief Executive Officer

Rhonda Derkatz

Rhonda Derkatz
Chief Financial Officer

2012-13 Financial Overview

On May 30, 2012, Prairie North Regional Health Authority approved a balanced Operating Budget of $260 million in revenues and expenditures for the 2012-13 fiscal year.

The budget focused on four strategic priorities in alignment with provincial priorities of Better Health, Better Care, Better Teams, and Better Value.

Total actual results for the 2012-13 fiscal year resulted in an operational deficit of $1,625,615, before non-discretionary interfund transfers. The Region is required to make non-discretionary transfers from the operating fund to the capital fund for mortgage principle payments. In addition, the Region was granted authorization from the Ministry of Health to make a one-time non-discretionary transfer of $3 million from the capital fund to the operating fund as a result of capital grant funds released from the capital fund in 2012-13.

After both non-discretionary interfund transfers were taken into account, the Region ended the 2012-13 fiscal year with a surplus of slightly more than $840,000.

Factors contributing to the year end financial results include investment in an orthopedic program at Lloydminster Hospital, and continued support and investment in the Saskatchewan Surgical Initiative (SkSI) and Primary Health Care system.

The PNRHA Board also approved more than $6 million in the Capital Equipment and Information Technology budget, as well as nearly $4.2 million in capital projects under the RHA's Capital Management Plan.

Key capital management projects for 2012-13 included $550,000 toward cooling tower replacement at Battlefords Union Hospital (BUH), nearly $2 million for renovations to the Intensive Care Unit (ICU) and Endoscopy suite at BUH, and $275,000 for boiler room upgrades at River Heights Lodge, North Battleford.

Prairie North Regional Health Authority ended the year with a Capital Fund deficit of $3.4 million, and a Community Fund deficit of $23,213.

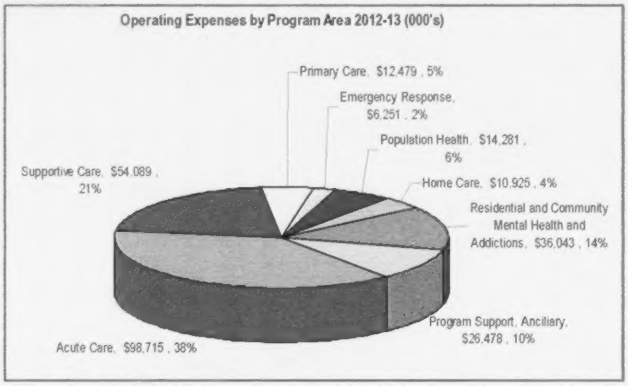
Expenditures

Operating Fund expenditures for 2012-13 totaled $259,261,394, slightly under budgeted expenses for the year by $700,000.

A budget variance threshold of $15,000 or 5% is used to identify significant variances for reporting purposes. Using these criteria, the most significant variances in 2012-13 occurred under the Acute Care Program and the Mental Health and Addictions Program. The Acute Care Program variances were over budget mainly due to increased medical and surgical supplies as a result of increased surgeries under SkSI, and instrument and prosthesis expenditures related to start up of the orthopedic program at Lloydminster Hospital.

Overtime and sick time expenses also contributed to acute care variances going over budget.

Alternately, the Mental Health and Addictions Program variances were under budget mainly due to staff vacancies in the program.


Operating Expenses by Program Area 2012-13 (000's)

Operating funding provided to Health Care Organizations and other third parties in 2012-13 is as follows (Refer to Note 9b to the Financial Statements for further detail):

Ambulance Providers:

Lloydminster Emergency Care Services (1989)	$492,165
Marshall's Ambulance Care Ltd.	$873,878
WPD Ambulance	$2,114,775

Community Mental Health & Addictions Programs:

Canadian Mental Health Association (SK Division) Inc.	$151,827
Edwards Society	$413,495
Libbie Young Centre	$474,145
Portage Vocational Society Inc.	$ 70,432
Walter A. "Slim" Thorpe Centre Inc.	$553,697

Long-Term Care/Assisted Living:

Points West Living Lloydminster Inc.	$2,234,943
Societe Joseph Breton Inc. (Villa Pascal)	$2,721,173

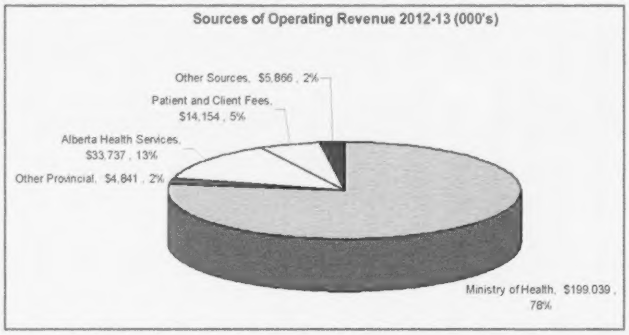
Capital expenditures consist of amortization of $7.6 million and mortgage interest of $233,512.

Capital acquisitions during 2012-13 totaled $11.5 million, of which $6.9 million were for building infrastructure and $4.6 million were for equipment.

Community Fund transactions consisted of $56,688 relating to approved Community Fund expenditures.

Revenues

Operating Fund revenues for 2012-13 totaled $257,635,779, an increase of $153,570 over the budgeted operating revenues of $257.5 million.



Capital Fund revenues totaled over $4 million, the majority coming from the Ministry of Health for $2.1 million, Alberta Health Services for $1.1 million, and donations of just over $1 million

Community Trust Fund revenue consists of donations and interest revenue totaling just over $33,000.

Other

Special Funds

Prairie North Regional Health Authority is responsible for Community Trust Funds totaling $1.2 million. These funds are community generated funds subject to restrictions as set out in pre-amalgamation agreements with the Health Region. These assets are accounted for separately and any interest earned is credited to the fund.

PNRHA holds $247,075 restricted for Replacement Reserves as a requirement in respect of long-term care facilities financed by Canada Mortgage and Housing Corporation.

The RHA also holds $1.7 million in restricted Donation and Renovation reserves, the Northland Pioneers Lodge reserve, as well as a reserve for future ambulance purchases.

Loans and Deferred Revenue

Prairie North Regional Health Authority has total outstanding mortgages payable of $7.6 million, with related buildings pledged as security. (See Note 5 to the Financial Statements for further detail.)

Deferred revenue includes $661,609 received from the Ministry of Health. These funds are restricted for use on specific programs as targeted by the Ministry. Deferred revenue held for non-Ministry initiatives totals $975,607. (See Note 6 to the Financial Statements for further detail.)

Audited Financial Statements

BAERT CAMERON ODISHAW LA COCK
CHARTERED ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

TO: THE BOARD OF DIRECTORS OF PRAIRIE NORTH REGIONAL HEALTH AUTHORITY

TO: THE MEMBERS OF THE LEGISLATIVE ASSEMBLY OF SASKATCHEWAN

We have audited the accompanying consolidated financial statements of Prairie North Regional Health Authority, which comprise the consolidated statement of financial position as at March 31, 2012 and 2013, and the consolidated statements of operations, remeasurement gains and losses, changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion

The Ministry of Health, through a shared ownership agreement with Prairie North Regional Health Authority described in note 4, acquired an ownership interest in the construction of the Northland Pioneers Lodge facility equal to their financial contribution. As such, Prairie North Regional Health Authority only recorded an asset based on their pro rata share of the related facility cost. We do not believe that this accounting treatment is appropriate. Accordingly, had management recorded 100% of the capital cost, capital assets would increase, revenues in the capital fund would increase and invested in capital assets fund balance would each increase by $1,490,038.

Qualified Opinion

In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the consolidated financial statements present fairly, in all material respects, the financial position of Prairie North Regional Health Authority as at March 31, 2012 and 2013, and its financial performance and cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Baert Cameron Odishaw LaCook
Chartered Accountants

North Battleford, Saskatchewan
June 12, 2013

Statement 1

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF FINANCIAL POSITION

		Restricted Funds				
	Operating Fund	Capital Fund	Community Trust Fund	Total March 31, 2013	Total March 31, 2012 (Note 10)	Total April 1, 2011
ASSETS						
Current assets						
Cash and short-term investments	$ 11,661,876	$ 1,128,054	$ 1,103,554	$ 13,893,484	$ 22,440,725	$ 32,104,022
Accounts receivable						
Ministry of Health - General Revenue Fund	715,299	655,100	-	1,370,399	734,442	606,839
Other	3,848,305	448,589	-	4,296,894	5,188,975	3,008,392
Inventory	1,824,248	-	-	1,824,248	2,165,240	1,766,955
Prepaid expenses	2,719,078	-	-	2,719,078	1,471,285	1,328,137
	20,768,806	2,231,743	1,103,554	24,104,103	32,000,667	38,814,345
Investments (Note 2, Schedule 2)	2,422,289	-	132,508	2,554,797	1,645,989	1,939,857
Capital assets (Note 3)	-	69,052,884	-	69,052,884	65,275,544	60,564,292
Total Assets	$ 23,191,095	$ 71,284,627	$ 1,236,062	$ 95,711,784	$ 98,922,200	$ 101,318,494
LIABILITIES & FUND BALANCES						
Current liabilities						
Accounts payable	$ 8,639,591	$ 542,734	$ -	$ 9,182,325	$ 10,218,338	$ 10,876,874
Accrued salaries	4,220,770	-	-	4,220,770	3,924,621	7,592,943
Vacation payable	12,690,951	-	-	12,690,951	12,472,617	12,616,785
Mortgages payable – Current (Note 5)	-	627,967	-	627,967	428,364	360,370
Deferred Revenue (Note 6)	1,637,216	-	-	1,637,216	2,248,345	3,565,523
	27,188,528	1,170,701	-	28,359,229	29,292,285	35,012,495
Long term liabilities						
Deferred salary	23,955	-	-	23,955	49,264	62,567
Mortgages payable (Note 5)	-	6,983,474	-	6,983,474	4,214,399	4,281,427
Employee future benefits (Note 11)	6,962,100	-	-	6,962,100	6,933,600	6,953,000
Total Liabilities	34,174,583	8,154,175	-	42,328,758	40,489,548	46,309,489
Fund Balances:						
Invested in capital assets	-	61,441,443	-	61,441,443	60,632,781	55,922,495
Externally restricted (Schedule 3)	-	-	1,236,062	1,236,062	4,259,275	4,664,295
Internally restricted (Schedule 4)	346,080	1,689,009	-	2,035,089	2,171,832	2,440,253
Unrestricted	(11,329,568)	-	-	(11,329,568)	(8,631,236)	(8,018,038)
Fund balances – (Statement 4)	(10,983,488)	63,130,452	1,236,062	53,383,026	58,432,652	55,009,005
Total Liabilities & Fund Balances	$ 23,191,095	$ 71,284,627	$ 1,236,062	$ 95,711,784	$ 98,922,200	$ 101,318,494

Contractual obligations (Note 4)
Pension Plan (Note 11)

Approved by the Board of Directors:

B O'Grady **Director**

Leanne M Sauder **Director**

The accompanying notes and schedules are part of these consolidated financial statements.

Statement 2

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF OPERATIONS
For the Year Ended March 31, 2013

	Operating Fund			Restricted			
	Budget 2013	2013	2012 (Note 10)	Capital Fund 2013	Community Trust Fund 2013	Total 2013	Total 2012 (Note 10)
REVENUES							
Ministry of Health - general	$ 196,542,958	$ 199,039,032	$ 196,397,332	$ 2,104,010	$ -	$ 2,104,010	$ 1,325,759
Other provincial	4,744,051	4,840,719	5,378,484	-	-	-	-
Federal government	277,180	167,137	151,314	113,338	-	113,338	113,338
Alberta funding for Lloydminster	36,671,349	33,736,528	32,827,188	1,107,885	-	1,107,885	501,331
Patient & client fees	10,995,334	11,096,196	10,793,624	-	-	-	-
Out of province (reciprocal)	2,267,500	2,788,114	2,237,730	-	-	-	-
Out of country	61,900	102,085	60,908	-	-	-	-
Donations	267,750	582,775	486,709	1,090,201	15,409	1,105,610	2,471,537
Investment	265,400	207,529	275,167	103,373	18,066	121,439	129,879
Ancillary	288,500	282,307	282,080	-	-	-	-
Recoveries	4,261,839	4,029,481	3,426,636	-	-	-	-
Other	838,448	763,876	786,114	2,200	-	2,200	2,600
Total revenues	**257,482,209**	**257,635,779**	**253,103,286**	**4,521,007**	**33,475**	**4,554,482**	**4,544,444**
EXPENSES							
Inpatient & resident services							
Nursing Administration	8,718,749	8,434,573	9,435,519	-	-	-	-
Acute	37,707,241	41,661,315	37,791,801	5,017,015	-	5,017,015	4,601,002
Supportive	36,408,231	35,304,436	34,588,612	1,824,347	56,688	1,881,035	1,874,822
Integrated	-	-	-	-	-	-	-
Rehabilitation	681,384	339,071	687,859				-
Mental health & addictions	15,711,560	13,786,214	14,245,654	8,084	-	8,084	10,977
Total inpatient & resident services	**99,227,165**	**99,525,609**	**96,749,445**	**6,849,446**	**56,688**	**6,906,134**	**6,486,801**
Physician compensation	**19,977,532**	**20,287,013**	**18,055,329**	**-**	**-**	**-**	**-**
Ambulatory care services	**11,131,734**	**11,327,430**	**10,409,236**	**-**	**-**	**-**	**-**
Diagnostic & therapeutic services	**28,521,691**	**27,454,279**	**25,278,813**	**-**	**-**	**-**	**-**
Community health services							
Primary health care	4,955,959	5,462,074	4,636,308	95,323	-	95,323	80,588
Home care	10,457,478	9,625,784	9,420,325	81,688	-	81,688	82,616
Mental health & addictions	11,533,384	11,515,405	10,167,758	-	-	-	-
Population health	9,621,145	10,128,193	9,715,364	7,375	-	7,375	10,433
Emergency response services	6,969,010	6,891,113	5,753,883	-	-	-	120,086
Other community services	1,191,946	1,311,244	1,242,316	122,438	-	122,438	-
Total community health services	**44,728,922**	**44,933,813**	**40,935,954**	**306,824**	**-**	**306,824**	**293,723**
Support services							
Program support	15,114,419	13,395,433	14,753,106	765,535	-	765,535	608,121
Operational support	40,400,909	41,675,797	40,005,773	-	-	-	-
Other support	316,805	341,557	352,058	-	-	-	-
Employee future benefits	-	28,500	(19,400)	-	-	-	-
Total support services	**55,832,133**	**55,441,287**	**55,091,537**	**765,535**	**-**	**765,535**	**608,121**
Ancillary	**542,252**	**291,963**	**315,124**	**-**	**-**	**-**	**-**
Total expenses (Schedule 1)	**259,961,429**	**259,261,394**	**246,835,438**	**7,921,805**	**56,688**	**7,978,493**	**7,388,645**
Excess (deficiency) of revenues over expenses	**$ (2,479,220)**	**(1,625,615)**	**6,267,848**	**(3,400,798)**	**(23,213)**	**(3,424,011)**	**(2,844,201)**
Interfund Transfers							
Building renovations		-	-	-	-	-	-
Capital asset purchases		(3,605,789)	(7,010,354)	3,605,789	-	3,605,789	7,010,354
SHC reserves		16,873	31,279	(16,873)	-	(16,873)	(31,279)
Mortgage payments		(531,323)	-	531,323	-	531,323	-
Other		3,000,000	-	(3,000,000)	-	(3,000,000)	-
Total interfund transfers		**(1,120,239)**	**(6,979,075)**	**1,120,239**	**-**	**1,120,239**	**6,979,075**
Increase (decrease) in fund balances		**(2,745,854)**	**(711,227)**	**(2,280,559)**	**(23,213)**	**(2,303,772)**	**4,134,874**
Fund balances, beginning of year		(8,237,634)	(7,526,407)	65,411,011	1,259,275	66,670,286	62,535,412
Fund balances, end of year		$ (10,983,488)	$ (8,237,634)	$ 63,130,452	$ 1,236,062	$ 64,366,514	$ 66,670,286

The accompanying notes and schedules are part of these consolidated financial statements.

1. Ministry of Health general - Includes Base Funding, Deferred Revenue and Special Payments.
2. Other provincial - Includes WCB, SGI, Recruitment Fund and Other Provincial Departments.
3. Patient & Client Fees - Includes Supportive Care Fees, Home Care Fees, EMS Fees and Other (Includes Ward Rates).
4. Recoveries - Includes Patient Related, Interregional, and Other

Statement 3

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF REMEASUREMENT GAINS AND LOSSES
For the Year ended March 31, 2013

		2013
Accumulated remeasurement gains, beginning of year	$	-
Unrealized gain (losses) attributed to:		
Investments (Note 2, Schedule 2)		-
Realized gains (losses), reclassifed to statement of operations:		
Investments (Note 2, Schedule 2)		
Designated fair value		-
Equity instruments		-
		-
Net remeasurement gains for the year		-
Accumulated remeasurement gains (losses), end of year		-

The accompanying notes and schedules are part of these consolidated financial statements.

Statement 4

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF CHANGES IN FUND BALANCES
For the Year ended March 31, 2013

2013	Operating Fund	Capital Fund	Community Trust Fund	Accumulated remeasurement gains (losses)	Total 2013
Fund balance, beginning of year	$ (8,237,634)	$ 65,411,011	$ 1,259,275	$ -	$ 58,432,652
Excess (deficiency) of revenues over expenses	(1,625,615)	(3,400,798)	(23,213)	-	(5,049,626)
Interfund transfers	(1,120,239)	1,120,239	-	-	-
Remeasurement gains (losses)	-	-	-	-	-
Fund balance, end of year	$ (10,983,488)	$ 63,130,452	$ 1,236,062	$ -	$ 53,383,026

2012	Operating Fund	Capital Fund	Community Trust Fund	Total 2012 (Restated note 18)
Fund balance, beginning of year	$ (7,526,407)	$ 61,291,779	$ 1,243,633	$ 55,009,005
Excess (deficiency) of revenues over expenses	6,267,848	(2,859,843)	15,642	3,423,647
Interfund transfers	(6,979,075)	6,979,075	-	-
Fund balance, end of year	$ (8,237,634)	$ 65,411,011	$ 1,259,275	$ 58,432,652

The accompanying notes and schdules are part of these consolidated financial statements

Statement 5

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF CASH FLOW
For the Year ended March 31, 2013

	Operating Fund		Restricted Fund			
	2013	2012	Capital Fund	Community Trust Fund	Total 2013	Total 2012
		(Note 10)				(Note 10)
Cash Provided by (used in):						
Operating activities:						
Excess (deficiency) of revenue over expenditure	$ (1,625,615)	$ 6,267,848	$ (3,400,798)	$ (23,213)	$ (3,424,011)	$ (2,844,201)
Net change in non-cash working capital (Note 7)	(3,271,187)	(7,056,883)	670,686	(88,452)	582,234	(1,319,775)
Amortization of capital assets	-	-	7,658,908	-	7,658,908	7,030,128
Investment income on long-term investments	-	-	-	-	-	-
(Gain)/loss on disposal of capital assets	-	-	29,385	-	29,385	-
	(4,896,802)	(789,035)	4,958,181	(111,665)	4,846,516	2,866,152
Capital activities:						
Purchase of capital assets						
Buildings	-	-	(6,860,730)	-	(6,860,730)	(7,759,257)
Equipment	-	-	(4,604,902)	-	(4,604,902)	(3,982,123)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
	-	-	(11,465,632)	-	(11,465,632)	(11,741,380)
Investing activities:						
Purchase of investment	-	-	-	-	-	-
	-	-	-	-	-	-
Financing activities:						
Acquisition of debt	-	-	3,500,000	-	3,500,000	1,505,000
Repayment of debt	-	-	(531,323)	-	(531,323)	(1,504,034)
	-	-	2,968,677	-	2,968,677	966
Net increase (decrease) in cash & short term investments during the year	(4,896,802)	(789,035)	(3,538,774)	(111,665)	(3,650,439)	(8,874,262)
Cash & short term investments, beginning of year	17,678,917	25,447,027	3,546,589	1,215,219	4,761,808	6,656,995
Interfund transfers (Statement 2)	(1,120,239)	(6,979,075)	1,120,239	-	1,120,239	6,979,075
Cash & short term investments, end of year (Schedule 2)	$ 11,661,876	$ 17,678,917	$ 1,128,054	$ 1,103,554	$ 2,231,608	$ 4,761,808

The accompanying notes and schedules are part of these consolidated financial statements.

1. LEGISLATIVE AUTHORITY

The Prairie North Regional Health Authority (RHA) operates under the *Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prairie North Health Region, under section 27 of *The Act*. The Prairie North Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government. The Prairie North Regional Health Authority is a registered charity under the *Income Tax Act* of Canada.

2. SIGNIFICANT ACCOUNTING POLICIES

These consolidated financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants (CICA). The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270. As these are the RHA's first consolidated financial statements prepared in accordance with PSA standards, Section PS 2125, *First-time Adoption by Government Organizations*, has been applied. The RHA has also chosen to early adopt Section PS 3450, *Financial Instruments*, as further explained in Note 18.

The RHA's consolidated financial statements were previously prepared in accordance with Canadian generally accepted accounting principles (Canadian GAAP), as set forth in Part V of the CICA Handbook. The impact of the transition from Canadian GAAP to public sector accounting standards is described in Note 18.

a) Health Care Organizations

i. The RHA has agreements with and grants funding to the following prescribed Health Care Organizations (HCOs) and third parties to provide health services:

Canadian Mental Health Association (Saskatchewan Division) Inc.
Edwards Society Inc.
Libbie Young Centre Inc.
Lloydminster Emergency Care Services Inc.
Marshall's Ambulance Care Ltd
Points West Living Lloydminster Inc.
Portage Vocational Society Inc.
Walter A. "Slim" Thorpe Centre Inc.
WPD Ambulance

Note 9 b) i. provides disclosure of payments to HCOs and third parties.

ii. The following affiliate is incorporated (and is a registered charity under the Income Tax Act of Canada):

Société Joseph Breton Inc.

The RHA has entered into an affiliation agreement with and provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA's financial statements. Alternatively, Note 9 b) ii. provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

a) Health Care Organizations (continued)

iii. The Lloydminster Region Health Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc. and Twin Rivers Health Care Foundation Inc. are incorporated under the *Non-Profit Corporations Act* and are registered charities under the *Income Tax Act of Canada*.

These financial statements do not include the financial activities of the Foundations. Alternatively, Note 9 b) iii. provides supplementary financial information of the Foundations.

b) *Fund Accounting*

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i. Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, Alberta Health – General Revenue Fund and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii. Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health – General Revenue Fund designated for construction of capital assets and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii. Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	2 ½% to 20%
Leasehold improvements	20%
Buildings	2 ½% to 20%
Equipment	5% to 100%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined). Transfers of capital assets from a related party are recorded at the asset carrying amounts.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost as determined on the average cost basis or net realizable value.

f) Employee future benefits

i. Pension Plan:

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii. Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

g) Measurement Uncertainty

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of contractual obligations and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in earnings in the period in which they become known.

h) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these items carried at fair value are recognized through the Statement of Remeasurement Gains and Losses at each period end. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2013 (2012 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

j) Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

3. CAPITAL ASSETS

	March 31, 2013			March 31, 2012
	Cost	Accumulated Amortization	**Net Book Value**	Net Book Value
Land	$ 1,563,822	$ -	**$ 1,563,822**	$ 1,563,822
Land improvements	1,641,629	1,579,273	**62,356**	69,830
Leasehold improvements	1,262,794	411,847	**850,947**	119,145
Buildings	106,151,137	66,739,160	**39,411,977**	35,667,366
Equipment	50,067,292	31,667,555	**18,399,737**	16,188,624
Construction in progress	8,764,045	-	**8,764,045**	11,666,757
	$ 169,450,719	$ 100,397,835	**$ 69,052,884**	$ 65,275,544

4. CONTRACTUAL OBLIGATIONS

a) Capital Assets Acquisitions

At March 31, 2013, contractual obligations for acquisition of capital assets were $923,718 (2012 - $693,245). Also at March 31, 2013 contractual obligations for capital construction in progress were $543,621 (2012 – $341,885).

A Co-ownership agreement on the new Northland Pioneers Lodge exists with the Ministry of Health who will assume 76.4% of both the asset and the contractual obligation. The total contract is projected to be $25,000,000. This project is in the early planning stages, and the projected completion date is January 1, 2017. There is little advancement expected to occur on this project in 2013-14.

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2014	$ 1,189,063
2015	1,066,866
2016	836,811
2017	738,866
2018	538,635

c) Contracted Health Service Operators

The RHA continues to contract on an ongoing basis with private health service operators to provide health services within the Region similar to those provided in the year ending March 31, 2013. Note 9 b) provides supplementary information on Health Care Organizations.

5. MORTGAGES PAYABLE

Title of Issue	Interest Rate	Annual Repayment Terms	2013	2012
Cut Knife & District Special Care Home CMHC, due March 1, 2022	4.420%	$94,777 principal and interest, of which $26,245 is subsidized by Saskatchewan Housing Corporation (SHC). Mortgage renewal date is March 1, 2017.	**$ 703,987**	$ 766,501
L. Gervais Memorial Health Centre CMHC, due February 1, 2022	4.390%	$43,101 principal and interest, of which $7,117 is subsidized by SHC. Mortgage renewal date is June 1, 2015.	**318,082**	346,696
Lloydminster & District Senior Citizens Lodge CMHC due December 1, 2020	5.140%	$179,634 principal and interest, of which $58,105 is subsidized by SHC. Mortgage renewal date is December 1, 2013.	**1,148,348**	1,266,421
Northland Pioneers Lodge, Meadow Lake CMHC due April 1, 2022	4.420%	$87,291 principal and interest, of which $21,871 is subsidized by SHC. Mortgage renewal date is March 1, 2017.	**653,253**	710,622
Turtle River Nursing Home, Turtleford CMHC, due December 1, 2026	8.000%	$15,736 principle and interest, Mortgage renewal date is December 1, 2026.	**131,960**	137,090
Meadow Lake Associate Clinic Synergy Credit Union, due March 1, 2016	2.500%	$92,641 principle and interest, Mortgage renewal date is March 1, 2016.	**274,104**	358,754
Lakeland Lodge (St. Walburg) Synergy Credit Union due June 1, 2023	4.020%	$32,794 principle and interest, Mortgage renewal date is October 1, 2014.	**280,108**	301,203
River Heights Lodge Synergy Credit Union due June 1, 2023	4.020%	$82,253 principle and interest, Mortgage renewal date is October 1, 2014.	**702,568**	755,476
Energy Performance Contract Synergy Credit Union due April 1, 2027	3.750%	$305,433 principle and interest, Mortgage renewal date is April 1, 2017.	**3,399,031**	-
			7,611,441	**4,642,763**
Less current portion			**627,967**	428,364
			$ 6,983,474	$ 4,214,399

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows *(right)*:

2014	627,967
2015	654,117
2016	681,406
2017	623,488
2018 and subsequent	5,024,463
	$ 7,611,441

6. DEFERRED REVENUE

As at March 31, 2013	Balance Beginning of Year	Less Amount Recognized	Add Amount Received (Returned)	Balance end of Year
Sask Health Initiatives				
Autism Spectrum Disorder (OT)	$ 29,139	$ 29,139	$ -	$ -
Infection Control	55,637	55,637	-	-
Enhanced Preventative Dental Services Ini	104,677	104,677	76,700	76,700
Mentorship Program	13,700	-	-	13,700
Philippine Nursing Grant	60,252	60,252	-	-
Primary Care -Pharmacy	55,650	55,650	-	-
Primary Care Maidstone setup	62,804	11,308	-	51,496
Primary Care Meadow Lake setup	74,373	-	-	74,373
BFHC Tobacco Project	203,792	170,074	-	33,718
Primary Care Team Development	50,535	49,308	-	1,227
Retention Grant -Compressed WW	9,000	9,000	-	-
Retention Grant -OT PT	3,985	488	-	3,497
Retention Grant -ML RTC	23,759	51	-	23,708
Perioperative nursing program - LH OR	30,220	17,500	-	12,720
SK Surgical Inititiative	60,000	60,000	-	-
Workforce Planning	62,823	62,823	-	-
Workplace Wellness	223,555	42,550	-	181,005
HIV Strategy - Peer to Peer Initiative	-	-	20,000	20,000
CEC- Collaborative Emergency Centre	-	5,535	175,000	169,465
Total Sask Health	1,123,901	733,992	271,700	661,609
Non Sask Health Initiatives				
Acquired Brain Injury Funding	(13,036)	110,996	87,418	(36,614)
HQC -QBS/RTC	39,257	2,238	-	37,019
Integrated Wrap-Around	25,195	25,195	-	-
Kids First Program NW	226,937	996,373	987,504	218,068
Kids First Program NB	403,193	1,594,278	1,550,700	359,615
Preceptorship SAHSN	8,224	-	-	8,224
Youth Criminal Justice (YRG 16)	41,886	81,828	91,000	51,058
Youth Criminal Justice (YRG 16)	42,616	4,323	-	38,293
SUN Partnership Recruit/Retention	350,172	50,228	-	299,944
Total Non Sask Health	1,124,444	2,865,459	2,716,622	975,607
Total Deferred Revenue	$ 2,248,345	$ 3,599,451	$ 2,988,322	$ 1,637,216

6. **DEFERRED REVENUE** (continued)

As at March 31, 2012	Balance Beginning of Year	Less Amount Recognized	Add Amount Received (Returned)	Balance end of Year
Sask Health Initiatives				
Autism Spectrum Disorder (OT)	$ -	$ 42,361	$ 71,500	$ 29,139
Infection Control	267,514	53,735	(158,142)	55,637
Enhanced Preventative Dental Services Ini	-	-	104,677	104,677
Mentorship Program	-	66,300	80,000	13,700
Philippine Nursing Grant	60,252	-	-	60,252
Primary Care -Pharmacy	1,117	25,467	80,000	55,650
Primary Care Maidstone setup	63,007	203	-	62,804
Primary Care Meadow Lake setup	74,821	448	-	74,373
BFHC Tobacco Project	-	-	203,792	203,792
Primary Care Team Development	50,535	-	-	50,535
Physician Relocation	25,000	25,000	-	-
Retention Grant -Compressed WW	9,000	-	-	9,000
Retention Grant -OT PT	14,465	10,480	-	3,985
Retention Grant -ML RTC	72,362	48,603	-	23,759
Perioperative nursing program - LH OR	-	16,780	47,000	30,220
SK Surgical Inititiative	1,164,310	1,104,310	-	60,000
Thorpe Recovery Centre - IP Addictions	162,000	162,000	-	-
Institute for Pt & Family Centred Care	10,000	10,000	-	-
Tobacco Enforcement Act	10,238	10,238	-	-
Workforce Planning	64,976	2,153	-	62,823
Workplace Wellness	223,555	-	-	223,555
Total Sask Health	2,273,152	1,578,078	428,827	1,123,901
Non Sask Health Initiatives				
Acquired Brain Injury Funding	13,849	90,539	63,654	(13,036)
HQC -QBS/RTC	103,208	63,951	-	39,257
Integrated Wrap-Around	25,922	727	-	25,195
Kids First Program NW	219,711	964,807	972,033	226,937
Kids First Program NB	456,178	1,579,283	1,526,298	403,193
Preceptorship SAHSN	419	3,195	11,000	8,224
Youth Criminal Justice (YRG 16)	21,003	70,118	91,001	41,886
Youth Criminal Justice (YRG 16)	58,038	15,422	-	42,616
SUN Partnership Recruit/Retention	394,043	43,871	-	350,172
Total Non Sask Health	1,292,371	2,831,913	2,663,986	1,124,444
Total Deferred Revenue	$ 3,565,523	$ 4,409,991	$ 3,092,813	$ 2,248,345

These contributions are restricted for the provision of specific programs and are recognized as revenue in the year the related expenses are incurred.

7. NET CHANGE IN NON-CASH WORKING CAPITAL

	Operating Fund		Restricted Funds			
	2013	2012	**Capital Fund**	**Community Trust Fund**	**Total 2013**	Total 2012
(Increase) Decrease in accounts receivable	**$ (858,281)**	$ (531,341)	**$ 1,114,405**	**$ -**	**$ 1,114,405**	$ (1,776,845)
(Increase) Decrease in inventory	**340,992**	(398,285)	**-**	**-**	**-**	-
(Increase) Decrease in prepaid expenses	**(1,247,793)**	(143,148)	**-**	**-**	**-**	(1,376)
(Increase) Decrease in financial instruments	**(828,125)**	295,244	**-**	**(80,683)**	**(80,683)**	249
Increase (Decrease) in accounts payable	**(584,525)**	(1,116,982)	**(443,719)**	**(7,769)**	**(451,488)**	458,197
Increase (Decrease) in accrued salaries	**270,840**	(3,681,625)	**-**	**-**	**-**	-
Increase (Decrease) in vacation payable	**218,334**	(144,168)	**-**	**-**	**-**	-
Increase (Decrease) in deferred revenue	**(611,129)**	(1,317,178)	**-**	**-**	**-**	-
Increase (Decrease) in employee future benefits	**28,500**	(19,400)	**-**	**-**	**-**	-
	$ (3,271,187)	$ (7,056,883)	**$ 670,686**	**$ (88,452)**	**$ 582,234**	$ (1,319,775)

8. PATIENT AND RESIDENT TRUST ACCOUNTS

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the residents at each facility. The total cash held in trust as at March 31, 2013 was $638,879 (2012 - $737,355). These amounts are not reflected in the financial statements.

9. RELATED PARTIES

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

9. RELATED PARTIES (continued)

a) *Related Party Transactions (continued)*

	2013	2012
Revenues		
3sHealth (formerly SAHO)	**$ 208,000**	$ 674,000
Ministry of Justice	**86,151**	85,540
Ministry of Education	**2,690,651**	2,544,090
Ministry of Social Services	**461,030**	563,039
Saskatchewan Housing Corp	**113,338**	113,338
Saskatchewan Worker's Compensation Board	**511,764**	939,885
SGI Canada Insurance Services Ltd.	**293,545**	245,133
	$ 4,364,479	$ 5,165,025
Expenditures		
3sHealth (formerly SAHO)	**$ 8,213,867**	$ 8,007,900
Battleford Family Health Care	**1,160,471**	951,785
eHealth Saskatchewan	**446,554**	342,120
Ministry of Finance	**282,960**	373,562
Ministry of Central Services	**1,324,017**	1,262,000
North Sask. Laundry & Support Services Ltd.	**2,149,852**	1,495,595
Public Employees Superannuation	**476,703**	489,317
Public Service Superannuation	**5,359**	22,288
Regina Qu'Appelle Regional Health Authority	**14,903**	-
Saskatchewan Energy	**531,981**	827,630
Saskatchewan Health Care Employees Pension Plan	**10,357,368**	10,127,998
Saskatchewan Power Corporation	**4,392,894**	1,594,681
Saskatchewan Telecommunications	**1,087,625**	1,043,334
Saskatchewan Transportation Company	**11,288**	-
Saskatchewan Worker's Compensation Board	**2,312,682**	2,513,513
Saskatoon Regional Health Authority	**127,279**	58,776
University of Saskatchewan	**61,980**	18,470
	$ 32,957,783	$ 29,128,969
Accounts Receivable		
3sHealth (formerly SAHO)	**$ 169,705**	$ 37,554
eHealth Saskatchewan	**-**	60,830
Five Hills Regional Health Authority	**-**	50
Health Quality Council	**37,998**	61,512
Heartland Regional Health Authority	**25,343**	8,545
Keewatin Yatthé Regional Health Authority	**12,107**	6,054
Ministry of Central Services	**14,876**	-
Ministry of Social Services	**73,305**	77,902
Saskatoon Regional Health Authority	**77,963**	17,673
Société Joseph Breton Inc.	**478,489**	455,155
	$ 889,786	$ 725,275

9. RELATED PARTIES (continued)

a) *Related Party Transactions (continued)*

	2013	2012
Prepaid Expenditures		
3sHealth (formerly SAHO)	$ **-**	$ 136,454
Battleford Family Health Care	**79,696**	-
Canadian Mental Health Association (SK Division) Inc.	**12,477**	-
Edwards Society Inc.	**34,166**	-
eHealth Saskatchewan	**74,593**	-
Libbie Young Centre Inc.	**39,062**	-
Lloydminster Emergency Care Services (1989)	**33,696**	-
Marshall's Ambulance Care Ltd.	**35,112**	-
North Sask. Laundry & Support Services Ltd.	**12,368**	-
Points West Living Lloydminster Inc.	**186,245**	-
Saskatchewan Worker's Compensation Board	**626,067**	-
Société Joseph Breton Inc.	**113,382**	-
Walter A. "Slim" Thorpe Centre Inc.	**46,141**	-
WPD Ambulance	**87,408**	-
	$ **1,380,413**	$ 136,454
Accounts Payable		
3sHealth (formerly SAHO)	$ **564,843**	$ 495,895
Libbie Young Centre Inc.	**-**	50,000
Ministry of Central Services	**329,027**	196,691
North Sask. Laundry & Support Services Ltd.	**180,871**	84,937
Saskatchewan Energy	**20,882**	26,651
Saskatchewan Health Care Employees Pension Plan	**1,317,579**	1,298,721
Saskatchewan Power Corporation	**52,642**	58,627
Saskatchewan Telecommunications	**95,274**	80,754
Saskatchewan Worker's Compensation Board	**-**	617,915
Saskatoon Regional Health Authority	**10,854**	-
	$ **2,571,972**	$ 2,910,191

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) *Health Care Organizations*

i. Prescribed Health Care Organizations (HCOs) and Third Parties

The RHA has also entered into agreements with prescribed HCOs and third parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and third parties.

	2013	2012
Canadian Mental Health Association (SK Division) Inc.	$ **151,827**	$ 149,436
Edwards Society Inc.	**413,495**	404,591
Libbie Young Centre Inc.	**474,145**	512,952
Lloydminster Emergency Care Services (1989)	**492,165**	682,221
Marshall's Ambulance Care Ltd.	**873,878**	856,046
Points West Living Lloydminster Inc.	**2,234,943**	2,159,370
Portage Vocational Society Inc.	**70,432**	69,323
Walter A. "Slim" Thorpe Centre Inc.	**553,697**	539,500
WPD Ambulance	**2,114,775**	1,358,506
	$ **7,379,357**	$ 6,731,945

9. **RELATED PARTIES** (continued)

b) ***Health Care Organizations*** *(continued)*

ii. Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates.

The following presentation discloses the amount of funds granted to the affiliate:

	2013	2012
Société Joseph Breton Inc.	**$ 2,721,173**	$ 2,745,266

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate as at March 31, 2013 and 2012 and for the years then ended:

	2013	2012
Balance Sheet		
Assets	**$ 2,000,468**	$ 1,792,638
Net Capital Assets	**1,174,761**	1,118,548
Total Assets	**$ 3,175,229**	$ 2,911,186
Total Liabilities	**$ 1,308,320**	$ 1,154,682
Total Net Assets (Fund Balances)	**1,866,909**	1,756,504
	$ 3,175,229	$ 2,911,186
Results of Operations		
RHA Grant	**$ 2,721,173**	$ 2,745,266
Other Revenue	**616,929**	620,237
Total Revenue	**3,338,102**	3,365,503
Salaries and Benefits	**2,805,858**	2,630,212
Other Expenses *	**421,839**	386,517
Total Expenses	**3,227,697**	3,016,729
Excess of Revenues over Expenses	**$ 110,405**	$ 348,774

* Other Expenses includes amortization of $67,673 (2012 - $66,075).

	2013	2012
Cash Flows		
Cash from Operations	**$ 369,874**	$ 520,094
Cash used in Financing Activities	**(37,372)**	(37,377)
Cash used in Investing Activities *	**(126,412)**	174,784
Increase in cash	**$ 206,090**	$ 657,501

* Investing Activities includes capital purchases of $123,886 (2012 - $22,201).

9. RELATED PARTIES (continued)

b) *Health Care Organizations (continued)*

iii. Fundraising Foundations

Fundraising efforts are undertaken through non-profit business corporations known as Lloydminster Region Health Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc., and Twin Rivers Health Care Foundation Inc.

Lloydminster Region Health Foundation Inc.

The RHA has an economic interest in the Lloydminster Region Health Foundation Inc. (the "Lloydminster Foundation").

The Lloydminster Foundation's total expenses include contributions of $731,834 (2012 - $1,803,884) to Prairie North Regional Health Authority of which $56,371 (2012 - $1,565,691) is payable at March 31, 2013.

From time to time, the Lloydminster Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The RHA provides office space and accommodations to the Lloydminster Foundation at no charge.

Battlefords Union Hospital Foundation Inc.

The RHA has an economic interest in the Battlefords Union Hospital Foundation (the "Battlefords Foundation").

The Battlefords Foundation's total expenses include contributions of $600,752 (2012 - $759,218) to Prairie North Regional Health Authority of which $43,887 (2012 - $155,745) is payable at March 31, 2013.

From time to time, the Battlefords Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The RHA provides office space and accommodations to the Battlefords Foundation at no charge.

Meadow Lake Hospital Foundation Inc.

The RHA has an economic interest in the Meadow Lake Hospital Foundation Inc. (the "Meadow Lake Foundation").

The Meadow Lake Foundation's total expenses include contributions of $62,119 (2012 - $168,924) to Prairie North Regional Health Authority of which $36,271 (2012 - $10,000) is payable at March 31, 2013.

From time to time, the Meadow Lake Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

Twin Rivers Health Care Foundation Inc.

The RHA has an economic interest in the Twin Rivers Health Care Foundation Inc. (the "Twin Rivers Foundation").

The Twin Rivers Foundation's total expenses include contributions of $20,393 (2012 - $155,980) to Prairie North Regional Health Authority of which $4,240 (2012 - $139,052) is payable at March 31, 2013.

From time to time, the Twin Rivers Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

10. COMPARATIVE INFORMATION

Certain 2012 balances have been reclassified to conform to the current year's presentation.

11. EMPLOYEE FUTURE BENEFITS

a) *Pension Plan*

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements.

4. Alberta Local Authorities Pension Plan (LAPP) – This is a defined benefit plan that is the responsibility of the Province of Alberta. The RHA's financial obligation to the plans is limited to making the required payments according to the current agreement.

Under the *Public Sector Pension Plans Act of Alberta*, passed in May 1993, the Alberta Government employers and employees accepted responsibility to pay the unfunded obligation. The total LAPP unfunded pension liability at December 31, 2011, which is the latest available financial information, is $4,639,390,000. The Region's share of the unfunded past service obligation is based on a percentage of pensionable payroll. The obligation will be partially reduced through increased contribution rates.

Pension expense is included in Compensation-Benefits in Schedule 1 and is equal to the contribution amount below.

	2013					2012
	SHEPP[1]	**PSSP**	**PEPP**	**LAPP**	**Total**	Total
Number of active members	2,321	4	122	114	2,561	2,525
Member contribution rate, percentage of	7.70-10%	7.0-9.0%	5.0-7.0%	9.43-13.47%		
RHA contribution rate, percentage of salary	8.62-11.2%	550%	5.0-7.0%	10.43-14.47%		
Member contributions (thousands of dollars)	8,378	1	459	598	9,436	9,200
RHA contributions (thousands of dollars)	9,384	5	477	653	10,519	10,286

* Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absense as of March 31, 2013. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

11. EMPLOYEE FUTURE BENEFITS

b) *Accumulated sick leave benefit liability*

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2013. Key assumptions used as inputs into the actuarial calculation are as follows:

	2013	2012
Discount rate	**2.50%**	2.75%

	2013	2012
Accrued benefit obligation, beginning of year	**$ 6,933,600**	$ 6,953,000
Cost for the year	**1,185,200**	1,125,800
Benefits paid during the year	**(1,156,700)**	(1,145,200)
Accrued benefit obligation, end of year	**$ 6,962,100**	$ 6,933,600

12. BUDGET

The RHA approved the 2012-13 budget plan on May 30, 2012.

13. FINANCIAL INSTRUMENTS

a) *Significant Terms and Conditions*

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) *Financial Risk Management*

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Chairperson ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) *Credit Risk*

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

13. FINANCIAL INSTRUMENTS (continued)

c) *Credit Risk (continued)*

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2013	2012
Cash and short-term investments	**$ 13,893,484**	$ 22,440,725
Accounts Receivable		
Ministry of Health - General Revenue	**1,370,399**	734,442
Other	**4,296,894**	5,188,975
Investments	**2,554,797**	1,645,989
	$ 22,115,574	$ 30,010,131

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principle and providing adequate liquidity to meet cash flow requirements.

d) Market Risk

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

i. Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

ii. Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2013 and 2012 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As at March 31, had prevailing interest rates increased or decreased by 1%, assuming a parallel shift in the yield curve, with all other variables held constant, the RHA's financial instruments would have decreased or increased by approximately $35,965 (2012 - $35,121), approximately .98% of the fair value of investments (2012 - .98%).

13. FINANCIAL INSTRUMENTS (continued)

e) *Liquidity Risk (continued)*

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, the RHA has a cash balance of $13,893,484 (2012 - $22,440,725).

f) *Fair Values*

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is $7,306,787 (2012 - $4,443,667) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is base on unobservable inputs.

There were no items measured at fair value using level 2 or level 3 in 2012 or 2013.

There were no items transferred between levels in 2012 or 2013.

	2013			2012		
	Level 1	**Level 2**	**Total**	Level 1	Level 2	Total
Investments	**$ 2,554,797**	**$ -**	**$ 2,554,797**	$ 1,645,989	$ -	$ 1,645,989
Mortgages payable	**$ 7,611,441**	**$ -**	**$ 7,611,441**	$ 4,642,763	$ -	$ 4,642,763

13. FINANCIAL INSTRUMENTS (continued)

g) *Unrecognized Financial Instruments*

To meet the needs of the North Sask. Laundry & Support Services Ltd., the Board participates in an off balance sheet financial instrument which these financial statements do not fully reflect. The Board subjected this financial instrument to its normal credit standards, financial controls, and risk management and monitoring procedures. The Board has guaranteed the debts of the North Sask. Laundry & Support Services Ltd. to a maximum amount of $67,275.

14. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF ALBERTA HEALTH SERVICES (FORMERLY EAST CENTRAL HEALTH)

General

The RHA is responsible for providing health services to Saskatchewan residents. The RHA provides health services to Alberta residents under the Bi-Provincial Lloydminster Health Services Agreement with Alberta Health Services (AHS). This agreement sets out the general principles and processes with respect to:

- **i)** The health services to be provided and the service areas and/or populations to be served by the RHA on behalf of AHS;
- ii) The operating, equipment and capital funding and any other related payments to be provided by AHS to the RHA;
- **iii)** The management and operation of the Dr. Cooke Extended Care Centre by the RHA;
- **iv)** The management and direction of Dr. Cooke Extended Care Centre employees by the RHA; and
- **v)** The reporting and accountability requirements in respect of the services provided by the RHA on behalf of AHS. Specific details on some of these matters have to be concluded as addenda to this agreement.

Dr. Cooke Extended Care Centre

The assets of the legal entity known as Dr. Cooke Extended Care Centre were transferred to AHS under the RHA of Order In Council #106/95 dated March 31, 1995.

The RHA manages and operates this facility on behalf of AHS.

These financial statements include operating assets, liabilities, revenue and expenses of the Dr. Cooke facility as follows:

	2013	2012
Balance Sheet		
Cash and Short-Term Investments	$ **14,142**	$ 14,375
Accounts Receivable	**54,015**	40,011
Inventory	**14,849**	31,780
Total Assets	$ **83,006**	$ 86,166
Accounts Payable	$ **80,398**	$ 64,236
Accrued Salaries	**25,028**	12,592
Accrued Vacation Pay	**454,319**	435,968
Employee Future Benefits	**218,400**	212,700
Fund Deficit	**(695,139)**	(639,330)
Total Liabilities and Fund Balance	$ **83,006**	$ 86,166
Results of Operations		
AHS Grant	$ **7,192,211**	$ 7,711,551
Other Revenue	**2,000,899**	1,998,982
Total Revenue	**9,193,110**	9,710,533
Salaries & Benefits	**8,340,461**	8,255,140
Other Expenses	**1,666,066**	1,762,240
Total Expenses *	**10,006,527**	10,017,380
Excess of Expenses over Revenue	$ **(813,417)**	$ (306,847)

* Expenses include the Authority's allocated costs of $1,049,976 (2012 - $1,040,617).

The RHA has the use of the capital assets of the Dr. Cooke facility for no charge. Neither the capital assets nor the related amortization expense are reflected in these financial statements because the assets continue to be the property of AHS.

15. ENERGY RENEWAL PROJECT

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. *SaskPower Energy Solutions* performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. Any additional savings are calculated and verified by methods established in the contract and are applied to the loan. Prairie North RHA entered into a guaranteed energy performance savings contract with *SaskPower Energy Solutions Company.*

The total cost of the energy performance contract is $3,501,820 plus GST. As at March 31, 2013, construction costs of $2,958,199 (2012 - none) plus GST have been financed through a $3,500,000 term debt facility with a balance of $3,399,031 outstanding (2012 - none), which bears interest at a rate of 3.75%. The term debt facility is amortized over a period of 15 years.

Results of the energy renewal project since its inception are:

	2013	2012	Prior	Total
Estimated Utility Savings	$ 173,915	$ -	$ -	$ 173,915
Interest Costs	26,295	-	-	26,295

16. CONTINGENCIES

Lawsuits

The RHA is currently involved in three legal claims. The RHA's insurance coverage would be adequate to cover the claims. The outcome of these legal claims cannot be determined at this time and, accordingly, no liability has been recorded in these financial statements.

17. PAY FOR PERFORMANCE

Effective April 1, 2011 a pay for performance compensation plan was introduced. Amounts over 90% of base salary are considered "lump sum performance adjustments". Senior employees are eligible to earn lump sum performance adjustments up to 110% of their base salary. During the year, senior employees are paid 90% of current year base salary and lump sum performance adjustments related to the previous fiscal year. At March 31, 2013, lump sum performance adjustments relating to 2012-13 have not been determined as information required to assess senior employee performance is not yet available.

18. TRANSITION TO PUBLIC SECTOR ACCOUNTING STANDARDS

Adoption of public sector accounting framework

As stated in Note 2, these are the RHA's first consolidated financial statements prepared in accordance with Canadian public sector accounting standards. The accounting policies set out in Note 2 have been applied consistently in preparing the consolidated financial statements for the year ended March 31, 2013, the comparative information presented in these consolidated financial statements and the opening statement of financial position as at April 1, 2011 (the RHAs date of transition to public sector accounting standards).

a) Financial instruments

Effective April 1, 2012 the RHA adopted the PSA standards for *Financial Instruments* (PSA Handbook Section PS 3450). Section PS 3450 establishes standards on how to account for and report all types of financial instruments, including derivatives. Section PS 3450 has been applied prospectively, in accordance with the transitional provisions of the Section.

18. TRANSITION TO PUBLIC SECTOR ACCOUNTING STANDARDS (Continued)

a) Financial instruments (continued)

Upon adoption of Section PS 3450 the RHA was required to assign its financial instruments to one of two measurement categories: fair value; or cost or amortized cost. Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. The RHA's other financial assets and financial liabilities are measured at cost or amortized cost. Carrying amounts are in each instance disclosed in the Statement of Financial Position.

The adoption of Section PS 3450 had no impact on the recognition and measurement of financial instruments reported in these consolidated financial statements. There were additional item related to presentation and disclosure of financial instruments that have been added to Note 13 as a result of the adoption of this standard.

b) Employee future benefits

The RHA made an adjustment to the 2011 consolidated financial statements with respect to the accounting for employee future benefits. Specifically, this adjustment related to accounting policy differences under public sector accounting standards with respect to the determination of the obligation for accumulated sick leave.

In aggregate, the resulting increase to the liability for employee future benefits at April 1, 2011 was $6,953,000. Employee future benefit expense for the year ended March 31, 2012 decreased by $19,400.

c) Summary of adjustments - Fund balances

The following table summarizes the impact of the transition to PSA standards on the RHA's fund balances as of April 1, 2011:

Total fund balances as at April 1, 2011:		
Total fund balances, as previously reported	$	61,962,005
Adjustment to employee future benefits liability		(6,953,000)
Total fund balances, as currently reported	$	55,009,005
Total fund balances as at March 31, 2012:		
Total fund balances, as previously reported	$	65,366,252
Adjustment to employee future benefits liability		(6,933,600)
Total fund balances, as currently reported	$	58,432,652

Excess (deficiency) of Operating Fund revenues over expenses

As a result of the retrospective application of PSA standards, the RHA recorded the following adjustment to excess (deficiency) of revenues over expenses for the year ended March 31, 2012:

Excess (deficiency) of operating fund revenues over expenses for the year ended March 31, 2012:		
Excess (deficiency) of operating fund revenues over expenses, as previously reported	$	6,248,448
Adjustment to employee future benefits expense		19,400
Excess (deficiency) of operating fund revenues over expenses, as currently reported	$	6,267,848

Schedule 1

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULE OF EXPENSES BY OBJECT

For the Year ended March 31, 2013

	Budget 2013	Actual 2013	Actual 2012
Operating:			
Advertising & public relations	60,650	71,541	62,783
Board costs	136,000	128,378	137,668
Compensation - benefits	31,168,193	29,228,438	28,430,071
Compensation - employee future benefits	-	28,500	(19,400)
Compensation - salaries	154,718,565	150,650,278	144,496,100
Continuing education fees & materials	775,105	639,071	723,619
Contracted-out services - other	5,401,276	6,942,798	5,738,913
Diagnostic imaging supplies	428,775	260,802	304,444
Dietary supplies	257,000	311,082	306,414
Drugs	3,009,360	2,848,995	2,949,490
Food	3,956,300	3,930,404	3,745,797
Grants to ambulance services	3,472,117	3,480,818	2,896,773
Grants to health care organizations & affiliates	6,544,120	6,629,712	6,581,642
Housekeeping & laundry supplies	1,215,650	1,331,723	1,176,150
Information technology contracts	1,527,700	1,557,972	1,328,491
Insurance	331,000	339,140	353,504
Interest	29,200	35,029	34,976
Laboratory supplies	1,790,600	1,996,991	1,794,194
Medical & surgical supplies	6,961,000	8,302,112	6,966,024
Medical remuneration & benefits	20,222,102	19,191,322	17,417,704
Meetings	119,655	126,183	100,149
Office supplies & other office costs	1,932,895	2,220,546	2,020,679
Other	2,578,260	2,485,848	2,742,538
Professional fees	1,320,749	1,289,067	1,485,059
Prosthetics	545,000	586,415	647,346
Purchased salaries	525,160	728,586	755,534
Rent/lease/purchase costs	1,752,227	2,030,408	2,632,336
Repairs & maintenance	2,537,670	4,148,626	3,440,877
Supplies - other	1,221,780	1,335,270	1,328,544
Therapeutic supplies	1,800	1,402	1,664
Travel	1,898,320	3,039,005	2,678,620
Utilities	3,523,200	3,364,932	3,576,735
Total Operating Expenses	$ 259,961,429	$ 259,261,394	$ 246,835,438
Restricted:			
Amortization		$ 7,658,908	$ 7,030,128
Loss/(Gain) on disposal of fixed assets		29,385	-
Mortgage interest expense		233,512	297,254
Other		56,688	61,263
		$ 7,978,493	$ 7,388,645

Schedule 2

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULE OF INVESTMENTS
For the Year ended March 31, 2013

	Fair Value	Maturity	Effective Rate
Restricted Investments* -Capital Fund			
Cash and Short Term Investments			
Chequing and Savings:			
Synergy Credit Union, Lloydminster	1,128,054		
	1,128,054		
Restricted Investments* -Community Fund			
Cash and Short Term Investments			
Chequing and Savings:			
Edam Credit Union	97,375		
Goodsoil Credit Union	46,947		
Innovation Credit Union, Meadow Lake	417,708		
Innovation Credit Union, North Battleford	192,305		
R.M. of Frenchman Butte	9,796		
R.M. of Hillsdale	56,031		
Synergy Credit Union, Lloydminster	20,169		
Town of Cut Knife	202,702		
Town of Lashburn	25,116		
Town of Marshall	1,021		
Town of St Walburg	24,919		
Village of Waseca	9,465		
	1,103,554		
Long Term Investments			
Goodsoil - Cdn Western GIC	16,344	12-May-14	2.75%
Goodsoil - Cdn Western GIC	16,164	19-May-15	2.40%
Edam Credit Union	15,000	03-Dec-14	0.75%
Edam Credit Union	50,000	23-Jan-18	1.25%
Edam Credit Union	20,000	30-Nov-16	1.25%
Edam Credit Union	15,000	02-Dec-14	0.75%
	132,508		
Total Restricted Investments -Community Fund	**1,236,062**		
Subtotal	**2,364,116**		

* Restricted Investments consist of:

-Community Generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and

-Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) held in the Capital Fund (Schedule 4).

Schedule 2 (continued)

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULE OF INVESTMENTS
For the Year ended March 31, 2013

	Fair Value	Maturity	Effective Rate
Balance Forward	**$ 2,364,116**		
Unrestricted Investments -Operating Fund			
Cash and Short Term			
Innovation Credit Union	1,712,102		
Synergy Credit Union	8,510,744		
Turtleford Credit Union	17,666		
Equities	1,527		
Petty Cash	15,032		
Synergy Credit Union	243,925	28-Dec-13	1.30%
Synergy Credit Union	130,290	01-Jul-13	1.45%
Synergy Credit Union	86,711	15-Sep-13	1.55%
Synergy Credit Union	134,170	13-Dec-13	1.30%
Synergy Credit Union	166,562	11-Jan-14	1.30%
Synergy Credit Union	44,586	25-Jun-13	3.00%
CDN Western Bank GIC	33,939	29-Apr-13	3.31%
CDN Western Bank GIC	60,121	05-Aug-13	2.67%
Synergy Credit Union	52,632	03-Dec-13	2.45%
Synergy Credit Union	236,355	29-Dec-13	4.00%
Term Deposit - Servus Credit Union	215,514	n/a	2.35%
	11,661,876		
Long Term			
Credit Union Member shares	5		
Member equity	150,866		
Synergy Credit Union	44,302	25-Jun-17	2.15%
CDN Western GIC	26,740	12-May-14	2.75%
Synergy Credit Union	44,586	25-Jun-14	3.00%
Concentra GIC	106,625	20-Oct-14	2.65%
Synergy Credit Union	52,573	03-Dec-14	2.40%
Synergy Credit Union	227,805	28-Dec-14	1.70%
Manulife TR GIC	30,107	12-Jan-15	2.25%
Synergy Credit Union	235,173	7-Jun-15	3.72%
Synergy Credit Union	44,586	25-Jun-15	3.00%
Manulife GIC	52,058	23-Nov-15	2.95%
Synergy Credit Union	52,872	03-Dec-15	2.65%
Synergy Credit Union	44,203	24-Jun-16	2.50%
Synergy Credit Union	52,180	02-Dec-16	2.20%
RBC GIC	103,271	10-Jan-17	2.67%
Synergy Credit Union	186,472	11-Jun-14	1.30%
Synergy Credit Union	113,104	17-Jun-14	1.30%
Synergy Credit Union	452,018	28-Dec-14	1.35%
Synergy Credit Union	232,704	29-Dec-16	1.65%
Synergy Credit Union	52,325	03-Dec-17	2.15%
Credential Securities GIC	26,956	04-May-15	2.41%
Credential Securities GIC	48,305	04-May-16	2.51%
Term Deposit - SCU	42,453	28-Jan-16	2.40%
	2,422,289		
Total Unrestricted Investments -Operating Fund	**14,084,165**		
Total Investments	**$ 16,448,281**		
Restricted and Unrestricted Totals			
Total Cash & Short Term	**13,893,484**		
Total Long Term	**2,554,797**		
Total Investments	**$ 16,448,281**		

Schedule 3

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year ended March 31, 2013

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donations	Expenses	Withdrawals	Balance End of Year
L. Gervais Memorial Health Centre	$ 90,485	$ 1,274	$ -	$ (12,537)	$ -	**$ 79,222**
Northland Pioneer Lodge	412,695	4,146	-	-	-	**416,841**
Lady Minto Health Centre	189,921	3,305	15,409	(5)	-	**208,630**
Saskatchewan Hospital	193,138	1,911	-	-	-	**195,049**
River Heights Lodge	7,223	46	-	-	-	**7,269**
R.M. of Cut Knife	143,225	1,723	-	-	-	**144,948**
R.M. of Frenchman Butte	9,723	75	-	-	-	**9,798**
R.M. of Hillsdale	55,456	576	-	-	-	**56,032**
R.M. of Wilton	40,774	786	-	(41,560)	-	**-**
Town of Cut Knife	41,892	402	-	-	-	**42,294**
Town of Lashburn	23,205	1,910	-	-	-	**25,115**
Town of St. Walburg	25,605	1,898	-	(2,586)	-	**24,917**
Village of Marshall	1,020	1	-	-	-	**1,021**
Village of Rockhaven	15,448	13	-	-	-	**15,461**
Village of Waseca	9,465	-	-	-	-	**9,465**
	$ 1,259,275	$ 18,066	$ 15,409	$ (56,688)	$ -	**$ 1,236,062**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Revenue	Capital Grant	Expenses	Withdrawals/ Transfers	Balance End of Year
Ministry of Health -Capital Projects	$ 3,000,000	$ -	$ -	$ -	$ (3,000,000)	**$ -**
	$ 3,000,000	$ -	$ -	$ -	$ (3,000,000)	**$ -**

Total Externally Restricted Funds	$ 4,259,275	$ 18,066	$ 15,409	$ (56,688)	$ (3,000,000)	**$ 1,236,062**

Schedule 4

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2013

	Balance Beginning of Year	Investment Income Allocated	Annual Allocation from Unrestricted fund	Other Income	Transfer to Unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance End of Year
Capital							
SHC Replacement Reserves							
Cut Knife & District Special Care Home Inc.	$ 63,223	$ 941	$ 9,340	$ -	$ -	$ (40,990)	**$ 32,514**
L.Gervais Memorial Health Centre	-	-	4,500	-	(3,659)	(841)	-
Lakeland Lodge	29,599	440	-	-	-	(30,039)	-
Lloydminster and District Senior Citizens Lodge	-	-	13,000	-	-	(13,000)	-
Northland Pioneers Lodge	155,823	2,318	-	-	(2,537)	(6,021)	**149,583**
Turtle River Nursing Home	75,712	1,126	-	-	(10,677)	(1,183)	**64,978**
Total SHC	324,357	4,825	26,840	-	(16,873)	(92,074)	**247,075**
Other Internally Restricted Funds							
Donation Funds	788,362	-	-	213,843	-	(187,247)	**814,958**
ER Renovation Reserve	309,000	-	-	-	-	(131,020)	**177,980**
Northland Pioneers Lodge Reserve	303,173	3,039	-	-	-	-	**306,212**
Reserve for Ambulance	53,338	-	89,446	-	-	-	**142,784**
Total Capital	1,778,230	7,864	116,286	213,843	(16,873)	(410,341)	**1,689,009**
Operating							
Other Internally Restricted Funds							
Donation Funds	393,602	-	-	152,131	(199,653)	-	**346,080**
Total Operating	393,602	-	-	152,131	(199,653)	-	**346,080**
Total Internally Restricted Funds	$ 2,171,832	$ 7,864	$ 116,286	$ 365,974	$ (216,526)	$ (410,341)	**$ 2,035,089**

The other internally restricted capital fund balance represents cash available to the Authority and restricted by the Authority which has been earned within that fund or transferred to the fund from the Operating Fund or the Community Trust Fund.

The Authority established an internally restricted reserve for Emergency Response Services enhancements. This reserve can be used for either operating or capital expenditures and is at the discretion of the Authority.

Schedule 5

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULES OF:

BOARD MEMBER REMUNERATION
for the year ended March 31, 2013

	2013							2012
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	**Total**	Total
Chairperson								
O'Grady, Bonnie	$ 9,130	$ 21,094	$ 12,713	$ 8,767	$ 555	$ 2,034	$ **54,293**	$ 52,564
Board Member								
Berry, Joanne	-	-	-	-	-	-	**-**	11,772
Christensen, Ben	-	3,688	788	1,149	715	162	**6,502**	7,343
Churn, Gillian	-	4,600	2,013	2,289	939	326	**10,167**	8,860
Clements, Ross	-	-	-	-	-	-	**-**	1,448
Fiddler, Richard	-	200	125	212	74	19	**630**	7,226
Hoffman, Wayne	-	3,413	725	658	1,187	152	**6,135**	-
Lamon, Terry	-	800	425	577	416	56	**2,274**	10,131
Lundquist, Helen	-	4,738	2,350	2,128	914	292	**10,422**	8,869
Pike, Jane	-	3,325	1,175	1,965	396	156	**7,017**	8,759
Reid, Trevor	-	4,025	1,600	2,665	1,860	195	**10,345**	-
Sauer, Leanne	-	7525	2,150	3,259	2,235	415	**15,584**	10,376
Sharma, Anil	-	900	188	265	-	21	**1,374**	-
Speer, Donald	-	325	150	231	-	24	**730**	6,678
Young, Colleen	-	2,513	586	916	-	88	**4,103**	3,915
Total	$ 9,130	$ 57,146	$ 24,988	$ 25,081	$ 9,291	$ 3,940	$ **129,576**	$ 137,941

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2013

	2013					2012		
Senior Employees	Salaries[1]	Benefits and	Sub-total	Severance	**Total**	Salaries,	Severance	Total
Fan, David - CEO	$ 380,584	$ 17,288	$ 397,872	$ -	$ **397,872**	$ 391,896	$ -	$ 391,896
Chabot, Lionel - VP	207,616	17,407	225,023	-	**225,023**	185,136	-	185,136
Denis, Irene - VP	207,512	17,433	224,945	-	**224,945**	188,889	-	188,889
Jiricka, Barbara - VP	47,512	3,216	50,728	-	**50,728**	185,891	-	185,891
Keller, Jerry - VP	62,782	3,144	65,926	-	**65,926**	190,834	-	190,834
King, Gloria - VP	36,769	2,143	38,912	-	**38,912**	-	-	-
Smart, Vikki - VP	38,607	2,060	40,667	-	**40,667**	-	-	-
Uzelman, Glennys - VP	191,801	16,142	207,943	-	**207,943**	185,136	-	185,136
								-
Total	$1,173,183	$ 78,833	$ 1,252,016	$ -	**$1,252,016**	$ 1,327,782	$ -	$ 1,327,782

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2013 and will be paid out in the 2013-14 fiscal year. This schedule will be amended in the 2013-14 fiscal year to reflect the performance adjustments. Refer to Note 17 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

Appendix A - Payee Disclosure List

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2013

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

Abrahamson, Lana	$ 50,390
Acaster, Dianne	110,658
Acton, Robin	82,634
Agraviador, Edda Aura	96,775
Akre, Kim	77,643
Alex, Joji	72,327
Alexander, Carol	57,160
Alexander, Marie	78,089
Allan, James	66,172
Allen, Sean	72,741
Almond, Deanne	80,530
Almond, Rosemary	83,477
Amediku, Benjamin	106,681
Amusat, Ismaila	97,577
Anderson, Fawn	65,044
Anderson, Lorilynn	88,103
Anderson, Rebecca	68,192
Anderson Callbec, Trina	108,341
Andoyo, Nelter	92,364
Angat, Jackie	71,508
Antinero, Maria Ann	138,030
Antony, Anson	122,833
Arcand, Christine	110,734
Arneson, Lillian	63,461
Arnold, Shelley	80,036
Aubichon, Verna	57,859
Auriat, Odette	146,323
Austin, Audra	118,840
Ayhan, Rachel	96,419
Aznar, Chariss	51,018
Aznar, Rameses	50,192
Azupardo, Keyleen	103,036
Baby Purayidam, Sheril	73,197
Bacchetto, Theresa	80,337

Bagnall, Monique	$ 62,428
Bailey, Anita	97,946
Bailey, Todd	123,396
Baldinus, Debra	94,146
Bandola, James	73,319
Banks, Shannon	69,928
Banks, Shelly	78,036
Banks, Sherri	63,675
Banks, Tara	53,342
Bannerman, Annette	76,100
Bannerman, Charlene	91,573
Bannerman, Danielle	51,380
Bannister, Jennifer	69,840
Barclay, Grant	58,981
Barker, Catherine	51,523
Barnett, Isabelle	86,255
Barr, Idella	94,785
Bartkewich, Catherine	86,349
Bauer, Matthew	61,203
Bauer, Robert	91,828
Bauman, Melanie	65,689
Bauming, Holly	149,168
Baynham, Carrie	94,664
Baynham, Jacquelin	109,895
Baynton, Frances	50,432
Beach, Kathy	73,513
Beaubien, Janet	73,795
Beaudry, Valerie	54,746
Beckman, Barbara	100,722
Bedford, Shirley	59,707
Beisel, Shanna	51,695
Beler, Brenda	88,204
Bell, Nancy	68,752
Bellanger, Danae	58,573
Bellanger, Kristin	81,204
Bencharski, Karen	86,464
Bendall, Lucy	94,749

Personal Services (continued)

Benoit, Heather	$ 55,342
Bentley, Blaine	99,703
Bentley, Regina	145,764
Bernard, Cassandra	95,910
Bertsch, Shirley	73,392
Best, Peggy	103,082
Bielecki, Joanne	89,015
Bilanski, Lisa	54,544
Binny, Alicia	94,033
Birkett, Bryan	64,675
Birkett, Sandra	66,846
Bishara, Chantal	76,606
Bishop, Marla	82,890
Blain, Marion	96,692
Blais, Elaine	91,137
Blais, Louise	93,626
Blais, Valerie	76,553
Bland, Erin	74,265
Blandin, Ashley	83,167
Blaquiere, Jennifer	86,794
Blaquiere, Mary Jean	54,076
Bloch Hansen, Kathryn	89,080
Blocha, Doreen	64,579
Bloom, Bethany	62,915
Blouin, Rhonda	65,843
Blythe, Catriona	74,172
Bodnar, Cynthia	248,067
Boehm, Kristina	88,153
Bogdan, Melanie	105,749
Bohay, Alejandra	58,572
Bojarski, Shirley	65,087
Booth, Beverly	102,310
Bortnak, Lindsay	99,439
Boskill, Carmin	87,782
Boskill, Sharon	135,654
Boudreau, David	64,411
Boulton, Noreen	66,657
Bourassa, Candace	68,550
Bouvier, Erin	75,207
Bowman, Jodi	66,685
Boyer, Claudette	72,335
Braaten, Cathy	68,582
Brander, Edna	65,331
Brataschuk, Cathie	55,823
Brausse, Connie	76,803
Brick, Dean	107,155
Brodbin, Marie	73,362
Brow, Denise	56,514
Brow, Robert	83,076
Browarny, Tonya	66,315

Brown, Betsy	$ 75,977
Brown, Candace	71,649
Brown, Christine	80,835
Brown, Kari	83,233
Brown, Robert	181,075
Brucks, Susan	78,041
Brun, Wanda	60,077
Brust, Nicole	68,025
Buan Salazar, Nichole	106,156
Buchynski, Kenneth	98,997
Buck, Jillian	56,659
Buhler, Jenna	89,012
Bullock, Karen	88,375
Bullock, Lloyd	123,200
Bunnell, Diane	101,342
Burnouf, Jeannine	84,238
Burrell, Jonathan	66,883
Burroughs, Penny	82,623
Burrows, Kimberly	59,352
Byl, Kathy	81,102
Cadrin, Lois	63,550
Cain Buglas, Jacalyn	91,075
Cameron, Greg	77,155
Camgoz, Lynn	108,881
Campbell, Corrine	59,858
Campbell, Jessica	93,485
Campbell, Tara	66,900
Campen, Katie	61,966
Canfield, Robyn	89,009
Cann, Terry	85,404
Cappelle, Jarret	61,898
Cappelle, Trina	63,275
Carey, Debbie	124,692
Carey, Lorelie	86,946
Carlton, Taralie	71,763
Caron, Michael	112,937
Cavanagh, Dianne	80,174
Cavanagh, Nicole	67,607
Chabot, Lionel	212,616
Chambers, Jennifer	54,767
Charabin, Brenda	89,239
Chartier, Timothy	66,662
Chaykowski, Brenda	94,224
Cheesbrough, Cassandra	85,381
Chermcara, Gail	60,592
Cherniak, Misha	87,517
Cherwinski, Melissa	60,803
Choe, Yoon Jung	73,653
Cholin, Jennifer	60,615
Chomicki, Doreen	69,944
Chrapko, Natalie	72,509
Christianson, Christine	76,495

Personal Services (continued)

Chubb, Patricia	$ 127,276
Chuiko, Paula	62,996
Churko, Andrea	83,988
Clark, Margaret	63,142
Clark, Marlene	64,332
Clarke, Darlene	91,099
Clarke, Penni	69,885
Coleman, Glenys	132,789
Collinge, Dianne	87,537
Collins, Karen	110,132
Collins, Shari	74,372
Conacher, Ashley	75,931
Conacher, Laurie	77,859
Cook, Danelle	64,716
Cook, Robert	104,547
Cooke, Heather	66,295
Cooling, Janisa	75,913
Corbeil, Alan	74,845
Cornista, Teeny	103,061
Corpe, Cathy	76,877
Corrigal, Twyla	65,158
Cortez, Dennis	65,235
Craig, Irene	99,573
Creasy, Lindsey	55,571
Creighton, Nikki	52,663
Crickard, Karen	86,344
Crone, Eileen	94,703
Cross, Katherine	59,677
Crossman, Doris	60,512
Crush, Noreen	56,405
Cubbon, Karen	54,940
Cuff, Shirley	70,584
Cunanan, Abigail	95,775
Custer, Cory	76,932
Dahl, Glenda	71,978
Dalke, Kimberly	64,708
Danderfer, Arleen	50,905
Daniels, Jacquelin	62,053
Danyluk, Jason	69,956
Davidson, Jody	123,035
Davidson, Theresa	72,689
Davies, Sara	64,591
Davis, Jane	87,941
Davis, Martha	65,811
Day, Kelly	106,622
Day, Myles	54,331
Day, Stacy	85,483
De Bruin, Shannon	71,525
Dearborn, Anna	56,621
Decelle, Kathy	71,428

Degenstein, Amanda	$ 98,144
Degenstien, Erin	83,889
Del Frari, Phyllis	50,411
Dell, Carmen	58,342
Demmans, Kristen	76,807
Deneschuk, Judith	91,658
Denis, Irene	212,512
Derdall, Kent	68,386
Derkatz, Rhonda	132,679
Derkatz, Trevor	156,937
Dickie, Diane	51,915
Dodsworth, Dawn	82,943
Domes, Shannon	71,802
Donahue, Leslie	85,288
Donald, Brenda	84,373
Donald, Janet	67,741
Donald, Lori	69,134
Doom, Debra	106,902
Doshen Gervais, Lisa	66,228
Douville, Lorraine	54,718
Duchscherer, Wayne	69,704
Duddridge, Shawn	94,028
Dumouchel, Kathryn	90,968
Duncan, Diana	74,884
Duncan, Elizabeth	61,374
Dunning, Nicholas	58,823
Dupuis, Darlene	106,928
Dupuis, Lori	72,986
Dureau, Chantelle	73,085
Dustow, Verlyne	93,417
Dutton, Shellie	73,338
Dyck, Carol	76,643
Dyck, Cheryl	50,035
Ebach, Chris	73,665
Eberle, Cindy	114,747
Edwards, Timothy	78,079
Eichelberg, Corrine	50,613
Eidsvik, Gena	58,561
Elder, Leita	75,450
Eliasson, Fred	77,557
Ellenor, Linda	64,762
Elliott Rumpf, Karen	74,129
Ellis, Shana	67,798
Engelke, Carmel	93,325
Engelke, Johann	96,796
English, Dawn	99,672
English, Roderick	105,682
Ens, Jennifer	76,227
Epp, Priscilla	75,544
Erana, Gladys	64,513
Ernst, Bernadett	95,581
Etcheverry, Chris	116,018

Personal Services (continued)

Etcheverry, Geoff	$ 105,841
Etcheverry, Lionel	96,270
Etcheverry, Lisa	104,217
Etue, Christine	69,790
Eveleigh, Shanna	62,070
Ewanchuk, Eunice	50,537
Ewanchuk, Lindsay	63,296
Fafard, Sandra	75,735
Faloon, Amie	66,453
Fan, Colleen	73,318
Fan, David	390,584
Farr, Alannah	83,584
Farrell, Barbara	52,305
Farrell, Danielle	69,256
Fedler, Danielle	69,763
Feist, Carla	54,194
Ferbey, Kelly	89,738
Ferderer, Joy Lyn	56,198
Ferguson, Sandra	58,560
Ferland, Armande	92,416
Fernandez, Jean	116,411
Fernandez, Kohleen	103,903
Ferron, Shelley	50,972
Figurasin, Hyacinth	112,466
Fillion, Janice	100,646
Flath, Kimberly	79,292
Forbes, Gary	53,709
Forbes, Shelley	88,497
Foster, Wendy	79,086
Fowler, Blaire	75,497
Francais, Garrett	107,524
Fransoo, Colais	103,064
Fransoo, Paul	70,125
Freimark, Judy	55,628
Frey, Geoff	79,287
Frey, Jared	75,312
Friedrich, Andy	92,122
Friesen, Karen	67,828
Fung, Teresa	92,591
Gabruch, Colleen	76,000
Gallano, Florinda	74,146
Gamble, Jonathon	54,576
Gamble, Leslie	79,060
Gatzke-Bartusek, Tammy	106,167
George, Suneesh	96,804
Gerbig, Karen	107,977
Gerbrandt, Gloria	108,162
Gerlinsky, Lisa	108,563
Gervais, Donnell	112,424
Getzinger, Cindy	72,139

Gieni, Kathleen	$ 60,070
Gill, Chris	71,955
Gill, Harpreet	69,714
Gill, Rosanne	83,563
Gillego, Abigail	112,525
Gillen, Toby	104,877
Gillespie, Laurie	98,302
Glowa, Lorne	120,040
Gorchinski, Cindy	77,903
Gosling, Kerri	87,765
Graf, Jan	58,041
Graham, Donna	54,921
Graham, Kristen	81,230
Graham, Marcie	96,331
Graham, Shiela	70,241
Grant, Sandra	106,156
Grasby, Michele	92,858
Gratton, Candace	78,057
Graupe, Lori	120,377
Gravelle Allenby, Angela	102,373
Graw, Esther	67,621
Greedharry, Prema	54,265
Greenfield, Robert	64,976
Greenwald, Kelly	77,090
Greenwald, Tammy	54,857
Greenwood, Beverly	101,619
Gregg, Joanne	61,776
Gregoire, Gillian	117,636
Grela, Joseph	82,081
Greschner, Matthew	69,852
Greschner, Nadyne	101,718
Griffin, Lorraine	91,345
Grift, Peggy	78,153
Grigo, Sandra	81,909
Grychowski White, Lorraine	120,391
Gubbe, Debra	101,566
Gubbe, Greg	94,527
Gubbe, Joanne	70,277
Gubbe, Louis	53,964
Gubbe, Spencer	102,692
Guderyan, Lisa	64,269
Gulka St Laurent, Camillia	53,164
Gullickson, Deborah	60,728
Gumtang, May Julie	50,481
Gunderson, Alison	82,251
Gustafsson, Laurie	89,061
Gusztak, Lewko	379,005
Gysler, Debora	107,850
Hadland, Brenda	109,023
Haftner, Debra	67,639
Hager, Genien	88,278
Hagerty, Tammy	68,522

Personal Services (continued)

Haggard, Alison	$ 123,355
Hall, Jeanette	107,337
Hamel, Denise	53,527
Hames, Shelly	76,415
Hamilton, Charlotte	114,214
Hamilton Rask, Shannon	82,225
Hampton, April	71,976
Hanna, Christine	70,849
Hanna, Jennifer	60,803
Hanna, Melissa	54,731
Hanna, Pamela	89,628
Hannah Paulhus, Joyce	139,778
Harbus, Debbie	83,996
Harder, Audrey	77,615
Hardes, Laurie	54,135
Harlingten, Leora	90,680
Harms, Shannon	90,218
Harper, Howard	56,796
Harper, Rose	81,392
Harrison, Garth	75,499
Harrison, Shelly	72,845
Hart, Freda	56,283
Hartman, Susan	89,218
Hartnett, Michelle	107,276
Harvey, Tricia	82,954
Hasselberg, Leah	121,584
Hatch, Kari	102,150
Haughian, Terrie	100,597
Hawryluk, Amanda	54,613
Head, Myrna	51,668
Heidel, Kellie	93,417
Heidel, Michelle	92,332
Hein, Renee	90,317
Heintz, Shannon	111,498
Heintz, Wendy	66,605
Heit, Tara	57,824
Helmeczi, Amanda	57,508
Hepp, Raquel	56,572
Hettinger, Jody	62,845
Hetu, Deborah	78,144
Hiebert Sturrock, Lannis	79,845
Hillaby, Vanessa	71,981
Hilsendager, Brent	73,301
Hines, Tyler	97,121
Hladun, Celine	75,169
Hnatiw, Carrie	81,404
Hoganson, Mardelle	104,793
Hoglander, Lorna	58,358
Hoium, Les	50,826
Holba, Barbara	98,660

Holden, Raechel	$ 54,365
Hood, Clinton	54,707
Horn, Janice	101,548
Horpestad, Beverlie	72,442
Horrex, Susan	84,047
Horsman, Shelly	120,776
Horvath, Mitchell	60,833
Hotel, Robert	67,777
Houk, Valerie	55,395
How, Cindy	97,004
How, Ernie	120,769
Hritzuk, Celine	82,824
Hryn, Donna	74,795
Hryniuk, Carol	109,653
Huang, Kevin	72,373
Huard, Patricia	56,484
Huber, Debora	89,605
Huber, Jodie	100,619
Huebert, Kristin	118,813
Hughes, Kelly	111,840
Hulme, Angela	59,408
Hume, Louise	74,641
Humenny, Christa	63,028
Humenny, Tara	71,987
Hupaelo, Jody	68,287
Hurley, Jay	88,511
Hurley, Katrina	77,865
Husby, Jill	71,186
Huxley, Denise	95,207
Hydes, Sandra	83,227
Hydukewich, Beryl	53,084
Hydukewich, Judith	52,635
Igini Close, Marie	50,372
Illingworth, Cherie	75,893
Illingworth, Connie	120,502
Ingram, Louanne	58,931
Ingram, Marlene	65,637
Ip Fung Chun, Roger	160,444
Iron, Lindsay	81,081
Iron, Shelly	67,778
Irwin, Jamie	63,729
Iturralde, Cecille	83,924
Iturralde, Jim	52,582
Iturralde, Lailani	133,313
Iverson, Darlene	53,083
Iverson, Darryl	71,306
Iverson, Marie	53,281
Iwanchuk, Debbie	91,868
Jack, Shirley	69,959
Jackson, Sharon	109,435
Jacob, Linju	128,728
Jacobs, Kristen	73,924

Personal Services (continued)

Jaindl, Sharon	$ 73,385
Jamieson, Claudette	113,840
Jamieson, Valerie	60,152
Jeffrey, Evangelin	97,024
Jeffrey, Miles	95,216
Jenner, Alison	81,648
Jensen, Sarah	52,113
Jesse, Lorrieann	64,048
Jewell, Jennifer	73,463
Jiricka, Barbara	86,112
Jiricka, Brilyn	50,954
John, Jomet	51,507
Johner, Maxine	79,701
Johnson, Barbara	64,490
Johnson, Brook	75,093
Johnson, Jessica	65,033
Johnston, Chanel	51,943
Jones, Gloria	97,060
Jones, Judy	69,188
Jones, Lori	56,866
Jonsson, Brian	112,985
Jorgenson, Patsy	55,243
Jose, Sunu	104,459
Joy, Megha	76,778
Juarez, Michael	84,727
Jullion, Alyssa	62,504
Jury, Kendall	73,436
Kachmarski, Don	55,953
Kainberger, Carole	56,251
Kalev-Kleppe, Myrna	61,269
Kalra, Jitender	62,731
Kaltenborn, Vicki	103,055
Kalyn, Rhonda	65,589
Kalynchuk, Valarie	57,104
Kanz, Bobbi	70,310
Kaplar, Gwendolyn	96,028
Karay, Elvira	55,164
Kardynal, Dione	65,938
Karlson, Pamela	60,810
Karp, Deena	51,737
Karpluk, David	65,614
Kearnan, Nancy	65,698
Keller, Brandi	72,370
Keller, Jerry	233,082
Khabibulin, Rynat	64,063
Kindrachuk, Karen	70,148
Kingwell, Darlene	73,513
Kipp, Renee	71,589
Kirkland, Marianne	86,188
Kish, Sharon	55,259

Klassen, Marlon	$ 98,215
Klippenstein, Allan	69,231
Klippenstein, Darcy	57,402
Knibbs Bell, Rebecca	85,576
Knight, Jasmine	60,682
Knutson, Theresa	94,091
Koch, Gail	83,335
Koch, Lori	145,840
Kohuch, Judy	95,179
Kolosnjaji, Aleks	84,566
Konlan, Binamin	91,471
Koop, Kristi	74,578
Koroluk, Richard	93,371
Kotun, Laurie	91,892
Kozinski, Judy	54,343
Kozlowski, Koreen	89,590
Kramer, Barbara	66,880
Kramer, David	72,299
Kramer, Kaeley	76,187
Kramm, Michael	52,274
Krause, Joan	50,295
Krepps, Denice	95,222
Krushelnitzky, Krista	83,371
Kube, Donna	62,182
Kulak, Terrilynn	74,377
Kuntz, Coralie	72,904
Kurc, Dorota	80,518
Kuziak, Joan	93,097
Kvill, Holly	55,507
Kzyzyk, Diane	57,305
Lafleur, Tammy	58,651
Lafoy, Rosaleen	52,050
Lafreniere, Pamela	112,181
Laliberte, Tanya	83,011
Lalonde, Florence	78,108
Lalonde, Michelle	55,438
Lamon, Pamela	82,249
Lamoureux, Peggy	147,127
Landreth, Janet	92,680
Landrie, Cynthia	108,759
Lange, Janine	63,202
Laplante, Christina	76,657
Larson, Crystal	62,495
Larson, Melinda	53,697
Larsson, Kimberley	95,862
Laurin, Carolyn	104,375
Lauritzen, Dianne	61,209
Laventure, Colleen	70,813
Lavoie, Gail	94,399
Lavoie, Judy	95,502
Laws, John	57,080
Lay, Julia	62,455

Personal Services (continued)

Lee, Kathy	$ 83,547
Leedahl, Heather	56,007
Leepart, Jennifer	64,110
Legere, Jeremie	56,106
Leitner, Jean	95,510
Leniuk, Janine	108,875
Lepage, Charley	105,697
Letwinetz, Bonnie	89,581
Levesque, Barbara	59,236
Lewis, Linda	82,172
Light, Robyn	70,998
Lindquist, Laura	51,440
Lindquist, Murray	122,843
Lindquist, Randy	118,933
Lisko, Tamara	65,908
Lockhart, Becky	90,594
Lockhart, Joyce	103,532
Loehndorf, Jenna	55,748
Loewen, Heather	84,131
Logue, Estate Of	53,318
Loney, Shirley	103,714
Looshorn, Jennifer	102,078
Lorenz, Sharon	80,148
Loveday, Marsha	99,969
Low, Tiffany	71,746
Lubianesky Mckin, Amanda	54,635
Lupul, Christine	53,803
Lychak, Tremayne	77,138
Lynds, Dalmar	117,187
Lyon, Kelly	108,385
Lyonnais, Michelle	58,976
Macdonald, Joan	81,015
Macdonald, Rosemarie	51,169
Mackinnon, Andrea	84,629
Mackinnon, David	77,296
Mackrell, Ashton	54,528
Mackrell, Carol	122,185
Macleod, Roy	118,456
Maclure Eastman, Martha	86,700
Macnab, Brenda	61,154
Macnab, Ralph	93,831
Macnab, Shelly	80,028
Madsen, Dorothy	71,321
Malach, Matt	78,489
Malekoff, Debra	64,616
Malicsi, Cecil	50,299
Mamer, Susan	94,357
Mamer, Theresa	60,762
Manegre, Nicole	72,312
Manegre, Sherri	100,293

Mangona, Catrina C	$ 106,721
Mann, Devin	89,301
Manuel, Ashley	95,159
Marchadour, Donna	67,840
Marciniuk, Sherry	55,006
Martens, Debbie	68,312
Martin, Elaine	50,220
Martinson, Karen	108,262
Mason, Betty	99,588
Massey, Delia	76,146
Matechuk, Joan	87,329
Mathew, Seema	56,744
Maunula, Margaret	70,987
Mayer, Jody	103,742
Maze, Courtney	65,634
Mccallum, Georgette	76,908
Mccaslin, Howard	74,882
Mcconnell, Chelsey	77,153
Mccord, Chad	74,117
Mcfadyen, Monique	82,817
Mcgee, Philip	81,564
Mcgillis, Barbara	59,143
Mcginley, Victoria	65,579
Mchattie, Jane	77,299
Mcintyre, Darcy	90,560
Mckay, Carey	50,812
Mckay, Shirley	75,161
Mckeen, Michael	55,953
Mckenzie, Rema	60,104
Mcknight, James	55,294
Mclaughlin, Marykate	69,009
Mcleod, Mary	88,895
Mcmaster, Sarah	72,059
Mcmaster, Teresa	69,465
Mcmillan, Dorothy	105,808
Mcmillan, Teresa	95,205
Mcmurphy, Melissa	91,930
Mcneil, Dana	121,744
Mcneill, Shawna	94,537
Mcrae, Joan	90,579
Mcwatters, Patricia	112,460
Meagher, Lisa	59,031
Mee, Brad	81,007
Meier, Jarvis	71,408
Meier, Terry	69,724
Meikle, Mary Lynn	72,542
Melchior, Jacquelin	104,752
Melenchuk, Dalton	67,650
Melin, Shannon	66,225
Melling, Lynne	97,955
Mendoza, Jonathan	52,822
Menzel, Colleen	77,504

Personal Services (continued)

Menzel, Natalie	$ 58,515
Metlewsky, Adam	55,337
Metlewsky, Michelle	69,001
Michaud, Jeanne	81,595
Michaud, Therese	109,965
Michel, Marlene	69,070
Mielke, Brittany	82,997
Milburn, Vanessa	59,914
Miller, Alden	55,646
Miller, Jennifer	72,988
Miller Marinier, Terrylynn	89,888
Million, Diane	89,586
Mills, Patricia	65,498
Milnthorp, Randi	73,405
Misselbrook, Bernie	55,012
Mitchell, Cheryl	92,140
Moir, Barbara	96,816
Momin, Nilofer	89,644
Moncrieff, Rachelle	91,073
Moore, Bailey	63,656
Moore, Leona	75,397
Morgenstern, Lila	53,480
Morin, Roxanne	104,881
Morris, Ryan	71,176
Mudry, Sarah	69,987
Mundt, Cynthia	93,869
Munn, Heather	76,586
Munroe, Frank	81,133
Murduck, Jared	52,033
Murphy, Debbie	67,489
Murphy, Irene	80,910
Murray, Bruce	346,356
Mushka, Linda	71,688
Musiiwa, Mugove Ow	50,719
Musiiwa, Sibusisiw	60,007
Mutter, Lorraine	53,801
Muzyka, Sherrill	67,245
Myers, Kristal	56,127
Myszczyszyn, Debbie	87,750
Nachtegaele, Glenn	72,895
Nachtegaele, Lori	64,188
Nachuk, Sara	77,747
Nagy, Sylvia	104,746
Nairn, Krista	65,718
Nash, Faith	83,378
Navarro, Lori	94,983
Ndhlovu, Samkeliso	57,927
Nelson, Donna	95,717
Neuls, Kimberley	73,926
Newton, Kylie	64,158

Nguyen, Thu	$ 63,245
Nielsen, Tracie	112,734
Nixon, Brent	55,051
Nixon, Rhonda	77,242
Nolin, Gary	88,161
Noyes, Lori	113,577
Nuanta, Tiwawan	111,979
Nyholt, Pamela	87,560
Nystrom, Dawn	109,617
Oborowsky, Earl	51,431
Oborowsky, Michele	50,287
Oborowsky, Nicole	61,506
Obrien, Geoffrey	62,912
Obrien, Shea	87,879
Oddan, Irene	118,404
Ogbonna, China	67,727
Ogbonna, Chinedu	78,816
Ohanlon, Tanya	58,309
Olenick, Glenna	92,666
Oliver, Diane	63,724
Oliver, Lisa	120,622
Oliver, Lynda	96,093
Ollen, Joan	90,240
Olsen, Daniella	85,635
Olsen, M Joanne	95,334
Olson, Donna	69,179
Olson, Patrick	50,437
Oquinn, Jeanne	114,212
Oraa, Sir Jude	72,675
Orense, Sam (Mari	90,286
Orr, Robin	66,702
Orriss, Cliff	92,822
Ostapowich, Irene	114,490
Oster, Adrienne	69,247
Ouellette, Keith	104,601
Ovens, Lucie	77,434
Palidwor, Marion	93,632
Palmer, Janet	52,939
Palmer, Lindsay	103,200
Panapasa, Lusia	100,171
Panton, David	72,933
Park, Jennifer	70,143
Parker, Scott	92,739
Parry, Chelsey	55,032
Pashniak, Sandra	57,522
Pastrana, Sherwin	101,308
Pasupuleti, Venkata	74,800
Patel, Rakeshkum	57,276
Pattinson, Leah	51,964
Paul, Bismi	58,598
Pawlus, Laurelle	61,063
Payne, Angie	82,287

Personal Services (continued)

Pecua, Mary	$ 96,487
Pekas, Maribeth	105,774
Perillat, Andrea	55,495
Perrin, Colleen	65,138
Perry, Carrie	55,096
Peters, Patience	65,432
Peterson, Janet	64,784
Petruk, Lue	56,049
Petruk, Paula	95,720
Petryshyn, Brenda	89,882
Phillip, Timeka	76,023
Phommavong, Dur	96,091
Piatt, Roger	77,435
Pidwerbeski, Janice	83,723
Pidwerbeski, Kristan	81,184
Pierce Argue, Glenda	77,576
Pikaluk, Brendan	62,397
Piper, Diane	109,278
Pitman Fisher, Patricia	99,484
Plummer, Pamela	66,860
Politeski, Linda	90,242
Pollock, Stephen	86,302
Porochnavy, Brenda	101,736
Potter, Murray	60,159
Pouliot, Monique	55,486
Poulsen, Ashley	64,952
Preston, Colleen	111,856
Preston, Justine	61,651
Prieur, Nicole	50,294
Primeau, Gayla	52,962
Proctor, Leanne	124,943
Prystupa, Edna	76,210
Prystupa, Richard	58,701
Prystupa, Tracey	113,705
Ptolemy, Joyce	77,162
Puech, Anne-Mari	66,206
Puech, Monique	92,412
Purves, Crystal	88,043
Pyle, Nathan	98,867
Pynten, Kyla	86,051
Rackel, Mary	94,355
Rahm, Greg	61,504
Rahm, Melanie	52,809
Raiche Bogdan, Karen	94,172
Ramshaw, Merle	99,191
Rathke Kubik, Candace	87,134
Rau, Robin	86,169
Raw, Julie	81,407
Rawlyk, John	87,107
Ray, Presley	84,441

Redden, Amber	$ 52,805
Redix, Tony	56,393
Regis-Bolah, Velma	98,397
Reiber, Marnie	62,973
Reid, Yvonne	90,626
Reimer, Bruce	87,150
Reinhart, Cathy	77,136
Reis, Angelina	70,159
Reiter, Russell	72,695
Rekimowich, Tanis	89,205
Renaud, Helen	92,608
Renaud, Jeff	73,313
Renfrow, Cayley	70,966
Retief, Mila	64,584
Reynolds, Jacquelin	52,468
Rhinehart, Brandi	51,510
Rhinehart, Marcia	85,427
Ribey, Coleen	78,094
Rideout, Rikki	82,415
Ries, Alyssa	90,044
Rindero, Gaylene	89,992
Rindero, Lynzie	110,259
Ring, Terry	58,643
Risling, Cora	65,264
Roach, Alicia	72,058
Roach, Joyce	80,104
Robb, Kerri	60,346
Roberts, Erin	96,595
Robertson, Craig	57,136
Robertson, Eileen	78,219
Robinson, Alice	93,011
Robinson, Shelley	94,562
Roenspies, Melissa	82,674
Rogers, Corrinne	70,301
Rogers, Helen	70,261
Rohovich, Carol	114,081
Rono, Summer	73,908
Roschker, Allison	78,241
Ross, Debra	72,626
Ross, Genevieve	79,807
Ross, Karen	94,162
Roszlein, Diane	199,311
Roth, Jamie	68,213
Roth, Joanna	61,158
Rothenburger, Evelyn	55,096
Rotsey, Marilyn	93,240
Roussel, Debbie	92,752
Rowe, Sarah	63,349
Rowland, Mary	77,323
Rowley, Amanda	56,985
Rowswell, Jamie	54,851
Roy, Debra	54,842

Personal Services (continued)

Roy, Melodie	$ 103,644
Rubidge, Glen	69,083
Rudrick, Jana	76,998
Runge, Adria	72,975
Rutherford, Joyce	61,559
Rutley, Jodi	93,226
Rutley, Kerry	62,567
Ruud, Jessica	70,554
Sack, Gail	63,232
Sack, Linda	107,342
Sadlowski, Ashley	78,076
Saemann, Kelli	70,287
Samson, Marilen	131,410
Sankey, Sharon	143,212
Santiago, Elizabeth	104,265
Santos-Goller, Maryrose	112,551
Saretsky, Neil	83,261
Sargent, Tim	64,382
Sauve, Stephanie	60,223
Savoie, Dallas	118,686
Sawatzky, Yvonne	72,582
Sayers, Chad	99,299
Schafer, Travis	66,442
Schell, Melissa	68,064
Scherman, Laura	64,047
Schlapkohl, Wayne	111,474
Schleibinger, Rhonda	74,737
Schlekewy, Georgia	53,635
Schmidt, Denise	52,379
Schnedar, Lauren	86,319
Schneider, Allison	78,852
Schneider, Lucille	75,979
Schommer, Donna	69,157
Schrempf, Melanie	59,790
Schumacher, Ellen	89,416
Schussler, Kevin	64,645
Schwartz, Gina	58,055
Scott Olsen, Randa	106,156
Seabrook, Carlie	102,672
Seabrook, Marvin	54,641
Seewalt, Evelyne	76,785
Seib, Donna	58,873
Senger, Heather	66,340
Seru, Malakai	55,352
Seru, Mereamo	131,479
Servold, Brenda	98,104
Seymour, Judith	55,045
Sheppard, Hannah	69,406
Sheridan, Kerry	61,501
Shkopich, Lori	100,272

Shynkaruk, Linda	$ 120,670
Sibley, Nicole	109,343
Sieben, Dianne	80,659
Sieben, Tracy	103,411
Siklenka, Brenda	68,774
Silbernagel, Roxanne	74,954
Simmons, Brenda	68,376
Simmons, Roy	60,185
Simon, Curtis	113,077
Simon, Karen	101,756
Simons, Karen	71,220
Simser, Kandice	57,776
Sinclair, Dean	88,034
Skeggs, Katherine	52,620
Slager, Tammy	64,837
Sleightholm, Sheri Lyn	64,224
Sletten, Kristy	69,401
Smith, Brooke	64,367
Smith, Kristina	90,729
Smith, Laura	51,923
Smith, Laurie	54,595
Smith Jonsson, Lori	68,402
Snoddy, Samantha	50,297
Snyder, Shelly	60,773
Sonmor, Elaine	54,638
Sonnega, Lois	119,989
Southgate, Kari	51,931
Spencer, Coralee	85,972
Spencer, David	121,547
Spencer, Donna	64,656
Spencer, Valarie	65,994
Spratt, Debbie	53,155
Spratt, Sheri	60,008
Squair, Laura	121,451
Staff, Larry	82,041
Startup, Ken	76,821
Steel, Rayann	50,151
Steiert, Audrey	98,951
Stein, Eleanor	78,070
Stein, Savannah	50,502
Steinborn, Laura	100,043
Stieb, Morgan	80,008
Stoebich, Haley	68,232
Stoebich, Irene	99,753
Stolte, David	109,019
Stolz, Ashley	70,608
Strueby, Gail	91,429
Styre, Sheila	82,081
Suberlak, Rhonda	103,908
Sutherland, Charene	61,720
Sutherland, Debra	84,377
Sutton, Richard	99,851

Personal Services (continued)

Svandrlik, Joleen	$ 64,176
Swatschina, Kara	82,466
Swerid, Cora	74,899
Swiftwolfe, Joanne	69,134
Sylvestre, Neal	130,941
Tait, Christine	74,954
Tan, Christian	92,000
Tarasoff, Lorna	56,265
Tatchell, Maureen	94,341
Taylor, Kristina	51,172
Taylor, Leanne	92,366
Tayo, Alden	121,559
Tayo, Sharihann	52,709
Tebay, Roberta	147,650
Ternes, Ronald	122,262
Thiele, Chris	105,119
Thomas, Patricia	104,583
Thorpe, Sheri	75,330
Timoner, Marietta	81,806
Tkatchuk, Sheila	98,368
Toews, Celeste	114,830
Tomiyama, Ethel	95,012
Tomporowski, Kathleen	100,408
Torresan, Megan	76,686
Toye, Colleen	108,657
Toye, Dayna	71,270
Treptow, Linda	56,206
Trew, Lorraine	80,985
Trotchie, Wendy	75,546
Tuiloma, Adi	134,901
Turcotte, Brenda	95,221
Turgeon, Michelle	54,881
Turnbull, Brian	74,437
Turnbull, Sandra	56,803
Turton, Perry	63,667
Uhrich, Dennis	55,882
Uzelman, Glennys	196,801
Van Der Merwe, Lynette	116,162
Van Nortwick, Linda	51,188
Van Stone, Mike	81,516
Vany, Angele	65,447
Vany, Camelia	55,778
Vany, Yvonne	94,144
Vaters, Linda	74,659
Veikle, Anita	68,335
Verleun, Jeff	54,354
Victor, Ashley	89,406
Villeneuve, Carla	52,821
Vogel, Margaret	63,234
Voigt, Kerilyn	74,643
Wagar, Marie	$ 61,241
Wald, Melanie	79,973
Walde, Arischa	59,206
Walker, Joyce	87,211
Walker, Karin	54,757
Wall, Tonia	73,184
Wall, Yvonne	58,280
Wallace, Lucy	92,162
Walls, James	92,940
Walz, Kristin	106,797
Wang, Yang Yang	54,481
Warren, Chris	86,468
Warren, Rochelle	83,366
Warrington, Natalie	110,951
Wasson, Lorraine	102,594
Wasyliw, Shelley	106,317
Watson, Catherine	95,249
Watson, Donna	100,375
Watt, Anne	117,349
Watt, Kelly	90,986
Watt, William	88,067
Wawrykowych, Tim	53,158
Weber, Bonnie	79,681
Weber, Daneen	72,622
Weber, Lori	98,882
Weikle, Mireille	99,468
Weiman, Ashley	62,576
Weinkauf, Laurie	50,152
Weitzel, Dianne	76,139
Wells, Chantelle	79,828
Wentworth, Joan	106,926
Weppler Heggs, Darlene	81,584
Weran, Karen	82,840
Weum, Tessa	66,591
Whelan, Patrick	70,910
White, Ashley	86,265
White, Tracey	88,482
Whitehead Pauls, Laurel	58,951
Whittle, Kevin	105,874
Whitton, Charlotte	90,742
Whyte, Sheila	94,143
Wiens, Gina	68,099
Wiens, Stacey	64,542
Wilford, Loucinda	99,421
Wilkes, Michelle	99,567
Wilkie, Elizabeth	64,355
Williams, Janice	80,859
Williamson, Donna	98,492
Williamson, Tanya	68,272
Wilson, Megan	82,498
Winterhalt, Blaine	94,559
Winterhalt, Deana	52,470

Personal Services (continued)

Wladychka, Robert	$ 52,919
Woloski, Roy	78,806
Wood, Candace	64,444
Wood, Guelda	62,393
Wood, Megan	76,209
Woodworth, Kent	74,913
Woytiuk, Andrew	75,034
Woytowich, Ben	56,899
Wright, Christine	84,672
Wright, Joslyn	62,836
Wright, Stephanie	92,652
Wychopen, Janice	93,959
Yates, Donald	94,749
Ybanez, Kirby	50,237
Yelland, Bernadett	92,725
Yonan, Jesay	66,543
Yonan, Monica	93,485
Younghans, Marilyn	82,954
Yuen, Wai	153,920
Yushchyshyn, Lisa	106,382
Zacharias, Leila	69,090
Zarowny, Shelley	51,153
Zeleny, Tracy	87,098
Zeller, Dorothy	57,645
Zeller, Kaitlin	64,456
Zepp, Dorothy	65,253
Zhou, Sam	61,398
Ziegler, Domini	96,144
Zimmer, Joan	135,530
Zinger, Ronda	93,514
Znack, Cara	63,907
Znack, Kelsey	72,472
Zou, Hongyu	79,624
Zou, Jing	65,824
Zwarych, Joan	55,039

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

3Shealth	$ 5,167,021
Abbott Laboratories Ltd	210,533
Action Office Interiors	121,817
Advanced Electronic Solutions	118,222
Agile Walls Inc.	109,072
Aladdin Temp-Rite Canada Inc	229,746
Alcon Canada Inc	670,560
Alta-Sask Wellness Inc.	83,844
Anderson Pump House Ltd.	60,913
Anixter	54,067
Aodbt Architecture Interior	947,714
Arjohuntleigh Canada Inc	531,180
Assoc Health Systems Inc	78,663
Aupe	60,023
B & D Meats	54,197
Bard Canada Inc	161,776
Baxter Corporation	155,053
Beckman Coulter Canada Lp	95,613
Bee J'S Office Plus	185,695
Bexson Construction	454,859
B'Ford & District Cooperative	60,403
B'Ford Family Health Centre	204,124
B'Ford Physiotherapy (Eft)	85,964
Biomed Recovery And Disposal	101,665
Biomerieux Canada Inc	267,986
Bio-Rad Laboratories	52,927
Bomimed	94,497
Border City Building Maintenance	54,060
Bracco Imaging Canada	59,151
Buckwold Western Ltd	59,965
Bunzlcanada Ltd	273,233
Can Corps Of Commissionaires	232,426
Can Med Healthcare	78,609
Cardinal Health Can	1,160,221
Carestream Health Canada Co	144,188
Cdw Canada Inc.	160,696
Century Roofing & Sheet Metal	149,281
Chef Redi Meats Inc	149,641
Chemtreat International, Inc.	62,866
Cherry Insurance	159,903
Christie Innomed	559,829
City Of Lloydminster	143,644
City Of North Battleford (Eft)	272,294
Coca-Cola Bottling Ltd (Win)	55,173

Supplier Payments (continued)

Coldwell Banker-City Side Realty	$ 67,410
Convergint Technologies Ltd.	263,007
Cpdn/Rcdp	703,792
Crestline	101,588
Cupe Local 5111	1,325,258
Danrich Environmental Controls	66,075
Datec Inc.	200,800
Dell Canada Inc.	275,580
Direct Energy Business Services	288,162
Draeger Medical Canada Inc	295,052
Dynalife Dx	729,600
Eecol Electric (N.B'Ford) Ltd	105,507
Ehealth Saskatchewan	446,554
Fibertech Canada	94,823
Fisher Scientific	66,439
Four K Auto Service	59,565
Futuremed	152,485
Gambro Inc	242,110
Ge Healthcare Canada Inc	63,364
Geanel Restaurant Supplies	181,748
Glowa, Lorne	75,752
G-M Pearson Biomedical Waste	69,407
Golden Opportunites Fund	57,637
Gordon Food Services	345,353
Grand & Toy	286,755
Great West Life Assurance Co	1,033,714
Grifol'S Usa	217,906
Health Benefit Trust Of Alberta	348,190
Health Sciences	203,380
Healthmark Ltd	117,728
Healthmetrx Canada	63,474
Hill-Rom Canada	115,237
Hospira Healthcare Corporation	1,039,822
Ibi Group	126,903
Idoman Canada	51,156
Instrumentation Laboratory	135,467
Instrumentation Laboratory Canad	117,437
Johnson & Johnson Medical Prod	1,070,385
Johnson & Johnson Ocd	53,480
Johnson Controls	54,561
Karl Storz Endoscopy Canada Ltd	137,752
Kci Medical Canada Inc	117,107
Keir Surgical Ltd	88,439
Kemsol Products Ltd	105,185
Ken & Terry'S Construction	109,161
Key West Engineering Ltd.	53,250
Km Burgess Agencies Ltd	55,515
Kountry Energy Savings Solutions	116,103
Laborie Medical Technologies Inc	55,502
Laerdal Medical	110,715

Letkeman, Dr Jacob	$ 129,488
Lindgren,Blais,Frank &	347,943
Linvatec Canada Ulc	50,180
Lloyd & District Coop (Eft-Rent)	241,360
Lloyd Plumbing & Heating Ltd	50,025
Loraas Environmental Services	74,090
M C Healthcare Products Inc	138,618
Macquarie Equipment Finance Ltd	261,238
Maharaj, Dr K (Eft	91,487
Maquet Dynamed	211,270
Marsh Canada Ltd	334,791
Mckesson Canada Corporation	985,796
Mckesson Distribution Partners	468,788
Meadow Lake Assoc Clinic (Eft)	1,036,000
Meadow Lake Associate Clinic	178,544
Med2020 Health Care Software,Inc	120,255
Medisolution (2009) Inc.	163,577
Medrad, Inc.	97,338
Medtronic Of Canada	96,209
Menssa Baert Cameron	66,501
Minister Of Finance (General)	98,162
Minister Of Finance (Pst)	184,618
Ministry Of Central Services	1,324,017
Modern Janitorial Sales & Serv	75,245
N B'Ford Medical Clinic (Eft)	484,813
Nicole Enterprises Inc	175,965
North Sk Laundry & Support	2,149,852
Northern Strands Co Ltd	146,910
Northwest School Division	80,000
Novartis Pharmaceuticals Cdn	133,893
Olympus Canada Inc	304,867
Oxoid Company	133,682
Patients' Vocational Incentive	134,527
Pentax Canada Inc	88,633
Philips Healthcare	416,970
Philips Medical Systems	450,190
Physio Control Canada Sales Ltd	91,932
Piche's Precision Painting	93,175
Prairie Meats	188,951
Public Employees Superannuation	955,759
Radiology Consultants Assoc	51,000
Rapid Refrigeration & A/C	70,467
Rbm Architecture Inc	176,205
Receiver General For Canada (	43,389,790
Receiver General (General)	173,922
Receiver General For Canada (Ccr	1,764,480
Registered Psychiatric Nurses-Sk	55,752
Roche Diagnostics	939,726
Saho-Dental	659,020
Saho-Dip	2,044,989
Saho-Employment Strategy Comm	105,795
Saho-Ext Health & Enh Dental	1,814,325

Supplier Payments (continued)

Saho-General	$ 79,460
Saputo	407,994
Saskatoon Health Region-Financia	126,829
Saskworks Venture Fund Inc	59,239
Schaan Healthcare Products	2,217,852
Shell Energy North America (Can)	477,181
Shepp (Eft)	17,772,794
Sk Energy	426,986
Sk Energy (M Lake)	104,601
Sk Power Co (N B'Ford)	3,601,790
Sk Power Corporation	921,421
Sk Registered Nurses Assoc	259,535
Sk Tel (Lloyd)	317,090
Sk Tel (N B'Ford)	607,129
Sk Tel (Twin Rivers)	63,814
Sk Telecommunications	99,592
Smith & Nephew	105,239
Southmedic Inc	94,993
Steris Canada Inc	473,401
Stevens Company Limited	418,503
Stryker Canada	514,456
Suer And Pollon Mechanical	285,661
Sun	728,163
Synthes	563,028
Sysco (Edmonton)	448,631
Sysco (Regina)	1,566,598
Tab Products Of Canada	149,339
Teleflex Medical Lp	61,947
Terracap Investments (Eft)	351,714
Trudell Medical	69,060
Tyco Healthcare / Covidien	690,498
Ultra Print	57,273
Unisource Canada Inc	287,417
United Protection Services Inc	91,353
University Of Saskatchewan	51,225
Van Houtte Coffee (S'To	82,746
Vantage Endoscopy (Eft)	96,632
Verathon	63,998
Village Of Goodsoil (Eft)	63,461
Vital Aire (Saskatoon)	130,272
Vwr International,Ltd	61,577
Wbm Office Systems	608,419
Wcb Ab-Calgary	114,878
Wcb-Sk	3,550,675
Weston Bakeries Limited	66,428
Wilhelm, Dr R. Leonard	73,170
Yc Consulting Services (Eft)	584,457
Zimmer West	96,704
Zonare Medical Systems, Inc.	71,500

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

Ab Health Services (Mri Billings	$ 265,371
B'Ford Early Childhood (Eft)	93,225
B'Ford Family Health (Eft)	956,347
Can Mental Health Ass-Nb (Eft)	152,352
Children First Child Care (Eft)	441,471
Early Childhood Services	79,247
Edwards Society Inc (Eft)	409,992
Learning Tree Child Develop(Eft)	84,522
Libbie Young Centre Inc (Eft)	518,740
Lloyd Emergency Care (Eft)	778,436
Marshall'S Ambulance (Eft)	884,806
Md Ambulance Care Ltd	462,720
Municipal Health Holdings (Eft)	243,675
North Sk River Municipal (Eft)	297,117
Points West Living Lloyd (Eft)	2,234,943
Portage Vocational Society(Eft)	70,432
Thorpe Recovery Ctr (Eft)	553,697
Villa Pascal (Eft)	2,721,173
WPD Ambulance (Eft)	2,130,306

Other Expenditures

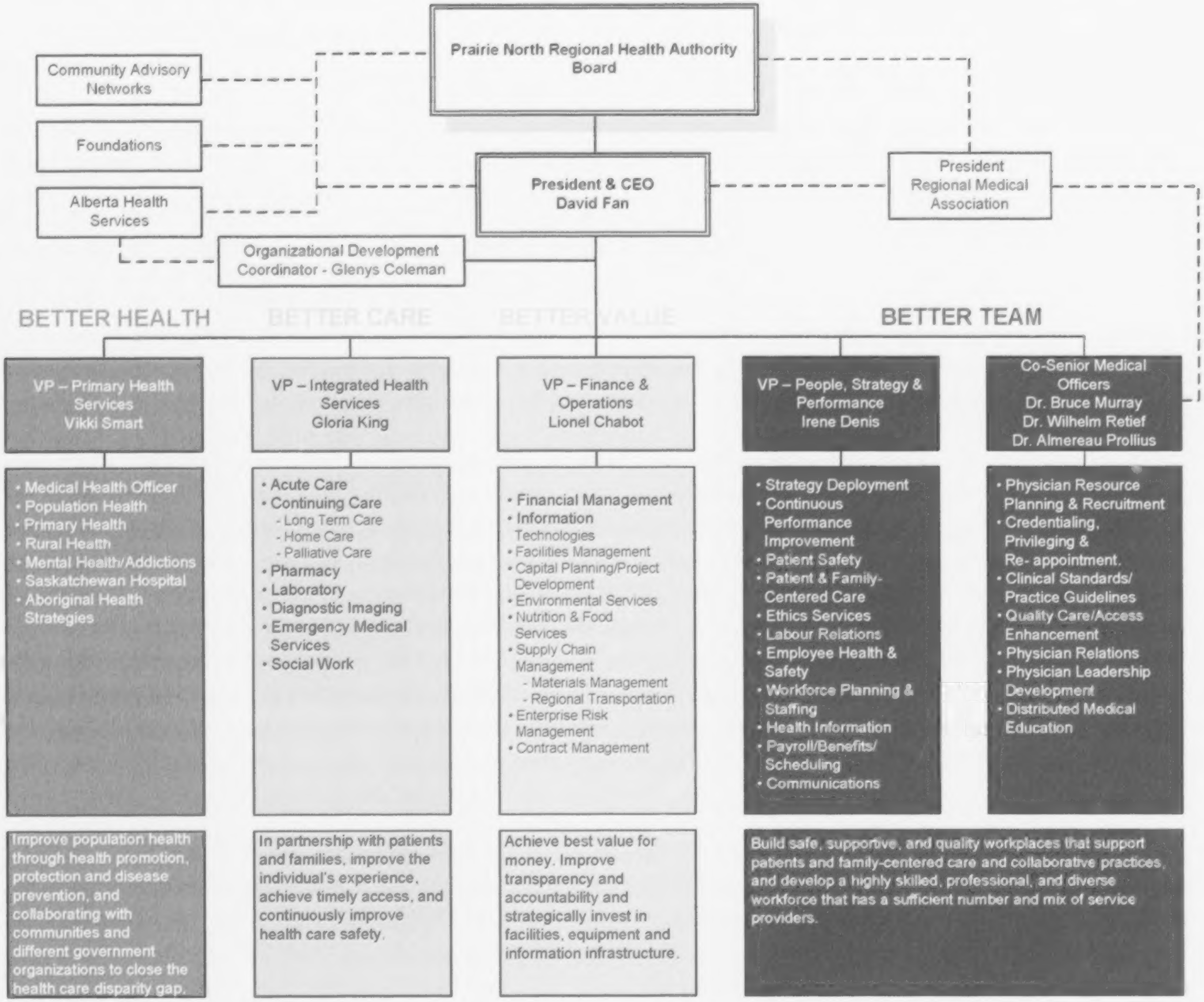
Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Abouhamra, Dr M. (Eft)	$ 75,624
Alheit, Dr B (Eft)	135,858
Ally, Dr Muhammad (Eft)	130,911
Anees, Dr Muhammad (Eft)	60,037
Aslam, Dr. Muhammad (Eft)	54,326
Babkis, Dr Andrey (Eft)	214,192
Bairagi, Dr N (Eft)	463,321
Bairagi, Dr Ranjana (Eft)	237,837
Bekker, Dr. Leon (Eft)	519,184
Berjat, Vanessa (Eft)	50,421
Bezuidenhout, Dr Kenneth (Eft)	336,377
Campbell, Dr. Patricia (Eft)	107,150
Cholin, Brenda Dr (Eft)	336,243
Christie, Colleen (Eft)	57,155
Craib, Dr Gordon (Eft)	53,255
Dandugula, Dr R (Eft)	212,636
Du Plessis, Dr Hendrik (Eft)	454,371
Duncan, Dr D (Eft)	408,138

Other Expenditures (continued)

Dunhin, Dr Anneme (Eft)	$ 132,324
Ekwueme, Dr. Henry (Eft)	76,478
Elghdewi, Dr T. (Eft)	68,015
Engelbrecht, Dr Frederik (Eft)	446,682
Fadare, Dr Kayode (Eft)	110,124
Faki, Dr Maqsood (Eft)	222,956
Fernandes, Dr. G (Eft)	80,523
Funk, Dr Sandi (Eft)	173,163
Geller, Dr Brian (Eft)	175,385
Ghauri, Dr Imran Khalid (Eft)	113,095
Gieni, Dr Melissa (Eft)	87,367
Giles, Dr Roy (Eft)	127,616
Gnanaraj, Dr Leo S (Eft)	192,740
Hesselson, Dr Jp (Eft)	54,689
Holtzhausen, Dr P (Eft)	114,548
Ibarreta, Dr Nelson (Eft)	317,737
Janse Van Rensburg, Dr. L (Eft)	149,555
Johnson, Dr J (Eft)	467,908
Johnson, Dr Mervin (Eft)	77,844
Kalala, Dr W (Eft)	269,711
Khalil, Dr Emil (Eft)	96,053
Khurana, Dr Mc (Eft)	80,523
Kostic, Dr Zlatko (Eft)	139,931
Kruger, Dr Js (Eft)	183,654
La Cock, Dr M (Eft)	147,005
Labrador Febles, Dr J A (Eft)	421,580
Landsberg, Dr. Hesli (Eft)	53,435
Loden, Dr Stephen (Eft)	257,793
Loots, Dr Leani (Eft)	209,409
Louw, Dr Roelf (Eft)	139,952
Mahmood, Dr Y (Eft)	253,381
Marcelo, Dr M (Eft)	406,895
Martin, Dr Robert James (Eft)	73,329
Mehboob, Dr Mohammad (Eft)	621,180
Mohamed, Dr.M.A. (Eft)	119,046
Morton, Dr David (Eft)	211,347
Mouton, Dr Andries (Eft)	105,487
Naidoo, Dr Karun (Eft)	62,662
Naidu, Dr K (Eft)	107,698
Napier, Dr Jolene (Eft)	62,551
Nwachukwu, Kingsley Dr.(Eft)	331,171
Nyame, Dr Matilde (Eft)	55,889
Obikoya, Dr Olubankole (Eft)	371,334
Odiegwu, Dr Np (Eft)	58,568
O'Keeffe, Dr. Patrick (Eft)	80,512
Oyewole, Dr Olusegun (Eft)	55,453
Pentz, Dr D (Company) (Eft)	112,557
Prollius, Dr A (Eft)	158,640
Prystupa, Dr Aaron (Eft)	269,577
Ramachandran, Dr K (Eft)	426,772
Ramachandran, Dr N (Eft)	$ 414,924
Reddy, Dr Dhanasagren (Eft)	67,095
Retief, Dr Wilhelm (Eft)	552,994
Rodriguez, Dr A (Eft)	80,697
Roman, Dr Sherwyn (Eft)	176,180
Seguin, Dr Aimee (Eft)	233,203
Shinyanbola, Dr.Olafimihan (Eft)	69,519
Shoaib, Dr M (Eft)	70,407
Spangenberg, Dr Df (Eft)	170,200
Steenkamp, Dr Jw (Eft)	189,060
Stevens, Dr James (Eft)	155,555
Steyn, Petrus A (Eft)	110,523
Titus, Dr Jolene (Eft)	132,115
Tootoosis, Dr Janet (Eft)	204,572
Tshatshela, Dr. Mzikayise (Eft)	169,920
Van De Venter, Gavin (Eft)	328,758
Vandermerwe, Dr Wynand (Eft)	366,174
Vetter, Ruth (Eft)	57,155
Viljoen, Annette (Eft)	169,989
Viviers, Dr W (Eft)	378,407
Vogt, Dr Victoria (Eft)	193,785
Young, Dr Casey (Eft)	538,433

Appendix B - PNRHA Organizational Chart



Prairie North Regional Health Authority Board

President & CEO
David Fan

Community Advisory Networks

Foundations

Alberta Health Services

Organizational Development Coordinator - Glenys Coleman

President Regional Medical Association

BETTER HEALTH

VP – Primary Health Services
Vikki Smart

- Medical Health Officer
- Population Health
- Primary Health
- Rural Health
- Mental Health/Addictions
- Saskatchewan Hospital
- Aboriginal Health Strategies

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health care disparity gap.

BETTER CARE

VP – Integrated Health Services
Gloria King

- Acute Care
- Continuing Care
  - Long Term Care
  - Home Care
  - Palliative Care
- Pharmacy
- Laboratory
- Diagnostic Imaging
- Emergency Medical Services
- Social Work

In partnership with patients and families, improve the individual's experience, achieve timely access, and continuously improve health care safety.

BETTER VALUE

VP – Finance & Operations
Lionel Chabot

- Financial Management
- Information Technologies
- Facilities Management
- Capital Planning/Project Development
- Environmental Services
- Nutrition & Food Services
- Supply Chain Management
  - Materials Management
  - Regional Transportation
- Enterprise Risk Management
- Contract Management

Achieve best value for money. Improve transparency and accountability and strategically invest in facilities, equipment and information infrastructure.

BETTER TEAM

VP – People, Strategy & Performance
Irene Denis

- Strategy Deployment
- Continuous Performance Improvement
- Patient Safety
- Patient & Family-Centered Care
- Ethics Services
- Labour Relations
- Employee Health & Safety
- Workforce Planning & Staffing
- Health Information
- Payroll/Benefits/Scheduling
- Communications

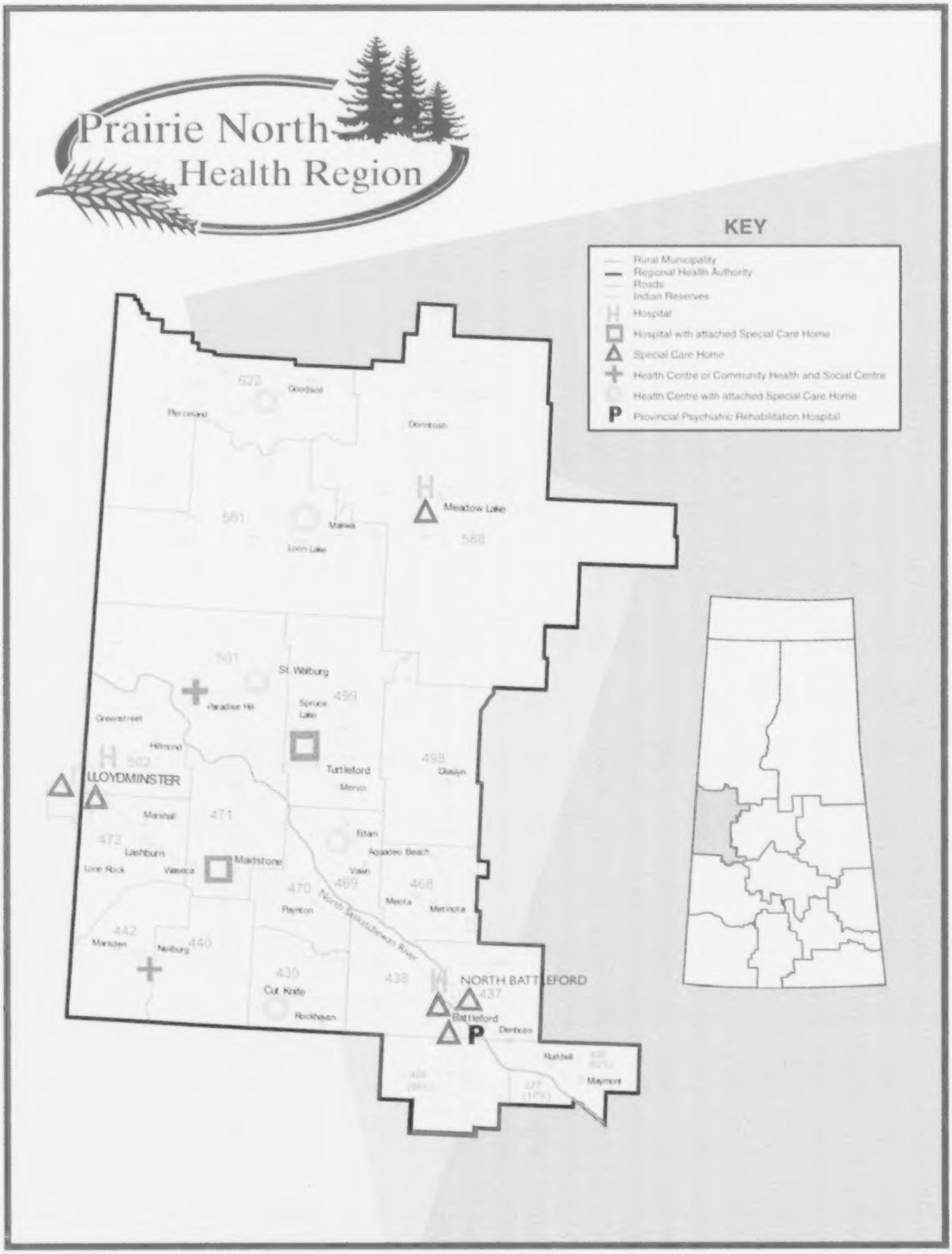
Co-Senior Medical Officers
Dr. Bruce Murray
Dr. Wilhelm Retief
Dr. Almereau Prollius

- Physician Resource Planning & Recruitment
- Credentialing, Privileging & Re- appointment.
- Clinical Standards/ Practice Guidelines
- Quality Care/Access Enhancement
- Physician Relations
- Physician Leadership Development
- Distributed Medical Education

Build safe, supportive, and quality workplaces that support patients and family-centered care and collaborative practices, and develop a highly skilled, professional, and diverse workforce that has a sufficient number and mix of service providers.

PNHR Org Chart - Management Structure - April 2013.vsd

Appendix C - PNRHA Map


Prairie North
Health Region
KEY
Rural Municipality
Regional Health Authority
Roads
Indian Reserves
H Hospital
Hospital with attached Special Care Home
Special Care Home
Health Centre or Community Health and Social Centre
Health Centre with attached Special Care Home
P Provincial Psychiatric Rehabilitation Hospital
622
Goodsoil
Pierceland
Dorintosh
Meadow Lake
588
561
Makwa
Loon Lake
501
St. Walburg
Paradise Hill
Spruce Lake
499
Greenstreet
Hillmond
502
LLOYDMINSTER
Turtleford
Mervin
498
Glaslyn
Marshall
471
472
Lashburn
Maidstone
Edam
Aquadeo Beach
Lone Rock
Waseca
Vawn
470
469
468
Paynton
Meota
Metinota
North Saskatchewan River
442
Marsden
Neilburg
440
439
Cut Knife
Rockhaven
438
NORTH BATTLEFORD
437
Battleford
Denholm
Ruddell
Maymont
377
(17%)

Appendix D - PNRHA Facilities and Sites

Following is a list of the separate facilities and sites owned and/or operated by Prairie North Regional Health Authority. Numerous programs and services are available in each of the sites. Total bed numbers for each care facility are sourced from PNRHA's Key Indicator Statistics report.

Two Regional Hospitals:

Battlefords Union Hospital, North Battleford	90 beds, including 22 mental health
Lloydminster Hospital, Lloydminster	66 beds

One District Hospital:

Meadow Lake Hospital, Northwest Health Facility, Meadow Lake	32 beds

Two Community Hospitals with attached Special Care Homes:

Maidstone Health Complex, Maidstone	37 beds
Riverside Health Complex, Turtleford	31 beds

One Provincial Psychiatric Rehabilitation Hospital:

Saskatchewan Hospital, North Battleford	156 beds

Two Health Centres:

Manitou Health Centre, Neilburg
Paradise Hill Health Centre, Paradise Hill

Five Health Centres with Attached Special Care Homes:

Cut Knife Health Complex, Cut Knife	30 beds
Lady Minto Health Care Center, Edam	20 beds
L. Gervais Memorial Health Centre, Goodsoil	18 beds
Loon Lake Health Centre & Special Care Home, Loon Lake	20 beds
St. Walburg Health Complex	32 beds

Six Special Care Homes:

Battlefords District Care Centre, Battleford	117 beds
Dr. Cooke Extended Care Centre, Lloydminster	105 beds
Jubilee Home, Lloydminster	50 beds
Northland Pioneers Lodge, Meadow Lake	55 beds
River Heights Lodge, North Battleford	98 beds
Villa Pascal, North Battleford (Affiliate)	38 beds

Seven Primary Health Care sites:

Battlefords Family Health Centre (in partnership with Battlefords Tribal Council)
Primary Health Centre, Frontier Mall, North Battleford
Meadow Lake Primary Health Centre, Meadow Lake
Prairie North Health Centre, Lloydminster
Maidstone Primary Health Clinic - supporting Cut Knife, Neilburg and Paradise Hill
Turtleford Primary Health Clinic - supporting Edam and St. Walburg
Goodsoil and Loon Lake Primary Health site

Five Community Health Services sites

Community Health Services Building, Lloydminster
Co-op Plaza location, Lloydminster
Don Ross Centre location, North Battleford
Prairie North Health Centre, Lloydminster
Lashburn Home Care Office

One Mental Health Services Transition Home:

Donaldson House, North Battleford

One Addictions Treatment Centre:

Hopeview Residence, North Battleford

Appendix E - How to Contact Us

Prairie North Health Region

Corporate Office - Battlefords

Battlefords Union Hospital - Main Floor
1092 - 107 Street
North Battleford, SK
S9A 1Z1

Phone: (306) 446-6606
Fax: (306) 446-4114

Lloydminster Office

Lloydminster Hospital - Main Floor
3820 - 43 Avenue
Lloydminster, SK
S9V 1Y5

Phone: (306) 820-6181
Fax: (306) 825-9880

Meadow Lake Office

Northwest Health Facility - Second Floor
#1 - 711 Centre Street
Meadow Lake, SK
S9Z 1E6

Phone: (306) 236-1550
Fax: (306) 236-5801

Hospitals

Battlefords Union Hospital	306-446-6600
Lloydminster Hospital	306-820-6000
Maidstone Health Complex	306-893-2622
Meadow Lake Hospital	306-236-1500
Riverside Health Complex, Turtleford	306-845-2195

Psychiatric Rehabilitation Hospital

Saskatchewan Hospital North Battleford	306-446-6800

Health Centres

Manitou Health Centre, Neilburg	306-823-4262
Paradise Hill Health Centre	306-344-2255

Health Centres/Special Care Homes

Cut Knife Health Complex	306-398-4718
Lady Minto Health Care Center, Edam	306-397-5560
L. Gervais Memorial Health Centre, Goodsoil	306-238-2100
Loon Lake Health Centre & Special Care Home, Loon Lake	306-837-2114
St. Walburg Health Complex	306-248-3355

Long-Term/Special Care Homes

Battlefords District Care Centre, Battleford	306-446-6900
Dr. Cooke Extended Care Centre, Lloydminster, AB	780-871-7900 Or 306-820-5970
Jubilee Home, Lloydminster, SK	306-820-5950
Northland Pioneers Lodge, Meadow Lake	306-236-5812
River Heights Lodge, North Battleford	306-446-6950
Villa Pascal (Affiliate), North Battleford	306-445-8465

Primary Health Care Clinics

Battlefords Family Health Centre, North Battleford	306-937-6840
Cut Knife	306-398-2301
Edam	306-397-2334
Goodsoil	306-238-2020
Loon Lake	306-837-2066
Maidstone	306-893-2622
Meadow Lake	306-236-5661
Neilburg	306-823-4252
Paradise Hill	306-344-2255
Prairie North Health Centre, Lloydminster	306-820-5997
Primary Health Centre, North Battleford	306-445-4415
St. Walburg	306-248-3434
Turtleford	306-845-2277

Appendix E - How to Contact Us (continued)

Home Care

Battlefords	**306-446-6445**
Cut Knife	306-398-2296
Edam	306-446-6445
Neilburg/Marsden	306-823-4554
Paradise Hill	306-344-2255
St. Walburg	306-248-6723
Turtleford	306-845-2195
Lloydminster	**306-820-6200**
Lashburn	306-285-4210
Maidstone	306-893-2622 (ext. 7101)
Meadow Lake	**306-236-1595**
Goodsoil/Pierceland	306-238-2053
Loon Lake	306-837-2359

Mental Health & Addictions Services

Battlefords	306-446-6500
Lloydminster	306-820-6250
Meadow Lake	306-236-1580

Population (Public/Community) Health Services

Primary Health Centre, North Battleford	306-446-6400
PNHR Don Ross Centre site, North Battleford	306-446-5888
PNHR Co-Op Plaza site, Lloydminster	306-820-6120
Community Health Services Building, Lloydminster	306-820-6225
Maidstone Health Complex	306-893-2622
Northwest Health Facility, Meadow Lake	306-236-1570

Rehabilitation/Therapy Services

Battlefords Union Hospital	306-446-6574
Primary Health Centre, North Battleford	306-446-6400
Dr. Cooke Extended Care Centre, Lloydminster	780-871-7918
Jubilee Home, Lloydminster	306-820-5954
Lloydminster Hospital	306-820-6055
Northwest Health Facility, Meadow Lake	306-236-1570
Meadow Lake Hospital	306-236-1530
Riverside Health Complex, Turtleford	306-845-2900

Telehealth

Battlefords Union Hospital	306-446-6699
Lloydminster Hospital	306-820-6103
Northwwest Health Facility, Meadow Lake	306-236-1545

Quality of Care Coordinators

Battlefords	306-446-6054
Lloydminster	306-820-6177
Meadow Lake	306-236-1558
Rural	306-446-6933

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Appendix F - Acronyms

AAT	Aboriginal Awareness Training
AB	Alberta
AC	Accreditation Canada (formerly CCHSA – Canadian Council on Health Services Accreditation)
ACLS	Advanced Cardiac Life Support
ADT	Admission, Discharge, Transfer
AHS	Alberta Health Services
AHTF	Aboriginal Health Transition Fund
AIDS	Acquired Immune Deficiency Syndrome
ALS	Advanced Life Support
ASD	Autism Spectrum Disorder
AUPE	Alberta Union of Provincial Employees
A3	Lean planning tool template
BCP	Business Continuity Plan
BDCC	Battlefords District Care Centre
BFHC	Battlefords Family Health Centre
BMD	Bone Mineral Density
BMI	Body Mass Index
BTC	Battlefords Tribal Council
BUH	Battlefords Union Hospital
BUHF	Battlefords Union Hospital Foundation
CAN(s)	Community Advisory Network(s)
CBO	Community-Based Organization
CCHSA	Canadian Council on Health Services Accreditation (now Accreditation Canada - AC)
CDI	Clostridium Difficile (formerly CDAD)
CDM	Chronic Disease Management
CDMC	Chronic Disease Management Collaborative
CEO	Chief Executive Officer
CEP	Capital Equipment Plan
CHAN	Community Health Advisory Network
CLD	Community Living Division
CLXT	Combined Laboratory & X-Ray Technologist
CME	Continuing Medical Education
CMHA	Canadian Mental Health Association
CMP	Capital Management Plan
CPR™	Clinical Practice Redesign™
CQI	Continuous Quality Improvement
CSA	Canadian Standards Association
CSQI	Continuous Safety & Quality Improvement
CT	Computed Tomography
CTAS	Canadian Triage and Acuity Scale
CUPE	Canadian Union of Public Employees
CVA	Central Vehicle Agency
C&Y	Child and Youth
DCECC	Dr. Cooke Extended Care Centre
DI	Diagnostic Imaging
DME	Distributed Medical Education
ECP	Early Childhood Psychology
ECTD	Early Childhood Tooth Decay
EEAT	Employee Engagement Action Team
EFAP	Employee and Family Assistance Program
EMR	Electronic Medical Record
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
ENT	Ear, Nose and Throat (Otolaryngology)
ER/ED	Emergency Room/Emergency Department
ESP	Employee Scheduling Program
FASD	Fetal Alcohol Spectrum Disorder
FIT	Fecal Immunochemical Test
FSIN	Federation of Saskatchewan Indian Nations
FTE(s)	Full-Time Equivalent(s)
GI	Gastrointestinal
GP	General Practitioner
HAI(s)	Healthcare Associated Infection(s)
HCO(s)	Health Care Organizations(s)
HICS	Health Incident Command System
HIV	Human Immunodeficiency Virus
HQC	Health Quality Council
HR	Human Resources
HSAS	Health Sciences Association of Saskatchewan
HVAC	Heating, Ventilation and Air Conditioning

Appendix F - Acronyms (continued)

ICU	Intensive Care Unit
IPC	Infection Prevention & Control
IPCC	Infection Prevention & Control Coordinator
IT	Information Technology
JSA	Job Safety Analysis
JSAs	Job Safety Analyses (plural of JSA)
KIS	Key Indicator Statistics
KYHR	Keewatin Yatthe Health Region
LATR	Lloydminster Action for Tobacco Reduction (committee)
LPN	Licensed Practical Nurse
LH	Lloydminster Hospital
LRHF	Lloydminster Region Health Foundation
LTC	Long-Term Care
MAC	Medical Advisory Committee
MARS	My Access to Resources & Services (PNRHA Intranet site)
MDS/RUGS	Minimal Data Set/Resource Utilization Group
Med Rec	Medication Reconciliation
MHO	Medical Health Officer
MHH-Maidstone	Municipal Health Holdings - Maidstone
MI	Medical Imaging
MLTC	Meadow Lake Tribal Council
MMR	Measles, Mumps and Rubella
MORE^{OB}	Managing Obstetrical Risk Efficiently
MOU	Memorandum of Understanding
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MWFR	Midwest Food Resources
NEPS	Nursing Education Programs of Saskatchewan
NP	Nurse Practitioner
NPL	Northland Pioneers Lodge
NSL	North Sask Laundry (& Support Services Ltd)
NSRMHH	North Saskatchewan River Municipal Health Holdings
OHC	Occupational Health Committee
OH&S	Occupational Health and Safety
OOS	Out-of-Scope
OPDS	Outpatient Day Surgery
OR	Operating Room
PAC	Practitioner Advisory Committee
PAPHR	Prince Albert Parkland Health Region
PART	Professional Assault Response Training
PC	Primary Care
PFCC	Patient- and Family-Centred Care
PHC	Primary Health Care
PHI	Public Health Inspector
PIP	Pharmacy Information System
PNHR	Prairie North Health Region
PNRHA	Prairie North Regional Health Authority
PRAS	Physician Recruitment Agency of Saskatchewan
P3	Public Private Partnership
QCC	Quality of Care Coordinator
RHA	Regional Health Authority
RHL	River Heights Lodge
RIC	Regional Intersectoral Committee
RM	Rural Municipality
RN	Registered Nurse
ROP	Required Organizational Practice
RPN	Registered Psychiatric Nurse
RPIW	Rapid Process Improvement Workshop
RTC™	Releasing Time to Care™
RW	Representative Workforce
SAHO	Saskatchewan Association of Health Organizations
SCA	Saskatchewan Cancer Agency
SCF	South Central Foundation – Alaska
SEP	Single Entry Point
SHNB	Saskatchewan Hospital North Battleford

Appendix F - Acronyms (continued)

SIAST	Saskatchewan Institute of Applied Sciences and Technology
SIMS	Saskatchewan Immunization Management System
SIPPA	Saskatchewan International Physician Practice Assessment
SIRP	Saskatchewan Integrated Renal Program
SIS	Surgical Information System
SkSI	Saskatchewan Surgical Initiative
SLP	Speech Language Pathology
SLT	Senior Leadership Team
SMO	Senior Medical Officer
SMT	Senior Management Team
SOD	Strategic and Operational Directions
SSC	Surgical Safety Checklist
SSCN	Saskatchewan Surgical Care Network
SSI(s)	Surgical Site Infection(s)
SSPR	Saskatchewan Surgical Patient Registry
STC	Short-Term Care
SUN	Saskatchewan Union of Nurses
TCA	Tobacco Control Act
TIPS	Therapeutic Integrated Paediatrics Services
TLR	Transfer, Lift and Repositioning
U of A	University of Alberta
U of S	University of Saskatchewan
UNA	United Nurses of Alberta
Vis Wall	Visibility Wall
VP	Vice President
VRE	Vancomycin Resistant Enterococcus
WCB	Workers' Compensation Board
WDP	Wage-Driven Premium
WHMIS	Workplace Hazardous Material Information System
WNV	West Nile Virus
WOW	Well Organized Ward
3P	Production, Preparation, Process
3sHealth	Health Shared Services Saskatchewan
5S	Sorting, Straightening, Shining, Standardizing, and Sustaining
P3	Public Private Partnership

ACCOUNTABILITY
SAFETY EXCELLENCE
ENGAGEMENT RESPECT
TRANSPARENCY
TEAM PATIENT FIRST QUALITY
ACCOUNTABILITY
PEOPLE RESPECT
NGAGEMENT
LLENCE
TRANSPARENCY
SUPPORT
TELLENCE VENT RESPECT TRANSPARENCY

Our mission

Prairie North Health Region works with individuals and communities to achieve the safest and best possible care, experience and health for you.

Prairie North Health Region

Healthy People. Healthy Communities.

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